THE

Lettsomian Lectures on Surgery

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ON

PRACTICAL LITHOTOMY AND LITHOTRITY.

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No. II.—(*Continued.*)

LITHOTRITY.

I PROPOSE to illustrate briefly the principles and practice of Modern Lithotrity. By this term, since custom has popularized it, all those processes may be denoted by which the stone is broken up, crushed, and pulverized in the bladder, and by which the *débris* are removed through the natural outlet without the use of the knife.

Lithotrity is a product of rapid growth. Forty years ago it was but a theory. Thirty years ago it had barely made good its claim to be admitted into the list of recognised surgical operations. Each succeeding ten years has witnessed great improvement in its application, and its increased capabilities for good. The lithotrity of to-day is not the lithotrity of even ten years ago, but a safer and better operation—an operation which is now founded on principles, and regulated by well-defined laws deduced from a large experience; no longer consisting, as in its infancy, in the mere experimental application of a crushing instrument to any calculus, which, being considered neither too hard nor too big, might be located in a fairly healthy bladder. It is therefore the lithotrity of to-day, its principles, and the practice logically deduced from them, which it will be my aim to expound and illustrate here.

There is one very important topic in connexion with lithotrity which cannot be altogether passed by, since it is so intimately associated with the success of the operation. I refer to the preparatory treatment which should precede in almost every case the actual application of the lithotrite. It has two objects—the condition of the constitution at large, and the local condition of the bladder and urethra: the latter only is referred to here. The condition of the organs is benefited by attention to the function of the kidneys, by rest, by warm hip-baths and fomentations, and sometimes by washing out the bladder. But an essential part of this treatment is the systematic employment of bougies, to accustom the urethra to contact with full-sized metallic instruments. Especially if the patient has not been the subject of catheterism previously, first a soft elastic bougie, and then metallic ones, should be passed through the urethra every other day or so, increasing the size on each occasion. If, however, these manipulations are followed by any marked signs of local irritation, or, *à fortiori*, by constitutional fever, we may infer that, in the existing condition of the patient, lithotrity cannot be employed with advantage, indeed not without some hazard. More preparation probably, or another operation possibly, will be necessary. The practice of lithotrity, without such preliminary steps, may, it is admitted, be often successful; but in all cases they are advantageous, not merely by preparing the urethra, but *by occasionally indicating those cases in which further interference will be injurious.* When abscess, or purulent infection, or fatal fever supervene on the first sitting, as occasionally happens, it will be generally found that due preparation has been neglected. Had the result of instrumental application thus been first ascertained in such a case, it is probable that grave consequences would have been avoided. It is this fact which gives such great importance to preliminary treatment.

What precise object do we propose to effect by lithotrity? It is not to break up the stone to fragments merely, though this is a necessary step in the proceeding; the main end is, *its reduction to powder.* It may be accepted as an axiom, that the principal evils arising in the operation are traceable either to direct mechanical lesion, or to inflammation of the bladder and urethra; in any case almost invariably caused by instrumental interference, or by the presence of sharp or angular fragments. Therefore, although we cannot absolutely ensure the realization of our endeavours, we should aim—first, at reducing the stone to a condition in which it will least injure the mucous membrane, and be most readily expelled from the bladder—viz., that of powder; and, secondly, we should accomplish the object with the smallest possible amount of instrumental interference. These two principles are to be constantly kept in view; they will guide us materially in the selection of instruments, and in numerous details connected with the operative treatment.

The subject of instruments will first engage our attention. The mode of applying them will follow. And here it may be well to remark, that the practice of systematic, methodical lithotrity—and such alone can be relied on for success—consists, not only in the conformity of its proceedings to two or three general principles, but in attention to numerous details, the value of which experience has established. Each may be minute in itself, indeed apparently insignificant at first sight to some minds, but each becomes important when the result of their aggregate influence is regarded. I feel, then, that no apology is due for the attempt to present a circumstantial exposition of these details, especially as I know of no published source where it can be found. Of one thing I am certain: they will not be deemed unimportant or without value by those who have a practical acquaintance with the difficulties and the risks which attend lithotrity when pursued in ignorance of rules, and without a method.

It should be remarked at the outset, that every point relating to the form, weight, size, and construction of a modern lithotrite has been arrived at after long experience and careful attention to the necessities of hundreds of cases, and after the occurrence of numerous contingencies, not anticipated at first, but now provided for. No study of lithotrity, whether it be pursued on the body or without it, is of much value apart from a preliminary knowledge of the mechanical principles on which lithotrites are or should be constructed.

Lithotrites may be regarded as naturally occupying two separate classes; and the distinction is grounded upon the nature of the work required to be done by them, corresponding to which must be the form of the blades or jaws, which are to be brought into direct contact with the stone.

The modes of applying power, and these are several, will be considered subsequently.

Class 1st. Lithotrites with the female blade open or fenestrated: instruments for crushing the stone into *fragments.*

Class 2nd. Lithotrites with no opening in the female blade; or instruments for reducing the stone or the fragments into *powder*—already said to be the ultimate object of all lithotrity.

Before considering these separately, it will be well first to advert briefly to certain principles of constructing the blades which apply equally to both these classes.

1. The blades and the shaft form an angle with each other which is always somewhat greater than a right angle. But the greater the angle, the greater is the sacrifice of power, and *vice versâ.* Power acts disadvantageously through blades whose inclination from the shaft is more than 120°. On the other hand, the greater the angle the more easily the instrument passes through the urethra—a question of importance in some exceptional cases where much irritability exists.

2. The wider the blades the easier is it to catch a stone or fragment, and the less likely is either when caught to slip from the grasp of the instrument. But power acts disadvantageously through wide blades: a narrow male blade forces its way through a mass which could not be penetrated by a wide one.

FIG. 6.

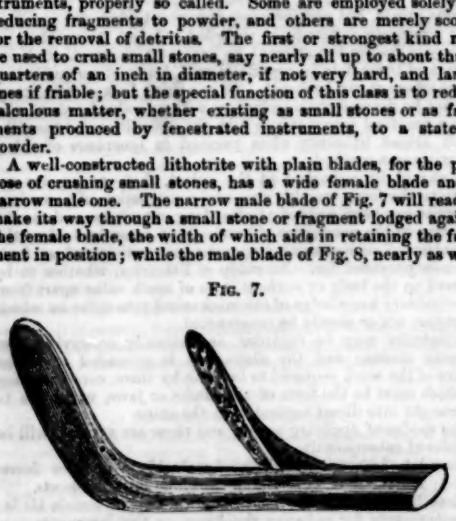
The lithotrite with an open or fenestrated female blade.

CLASS 1.—Lithotrites with the female blade open or fenestrated. The peculiar function of one of these instruments is to reduce a stone into fragments; it does not pulverize. It is useful for very hard stones, and for all which are of medium and large size; indeed, it is necessary for such at the outset, because instruments of this construction only are strong enough to attack them successfully. As regards the single attribute of strength, it surpasses all other lithotrites; but it is to be remembered at the same time that it is also, by comparison with others, more dangerous. Its employment requires great care, because the edges of the blades are necessarily angular, and may be sharp; because these edges meet each other accurately, and the mucous membrane may therefore be included between them; because the fragments produced by their action, being forcibly driven through a large aperture, are for the most part large, rough, and angular, and are therefore calculated to produce irritation in the bladder; lastly, the jaws are longer than those of other instruments, and can therefore be less readily turned, or in any way manipulated, in the vesical cavity.

CLASS 2.—Lithotrites with no opening in the female blade. In this class we have some that are admirable crushing instruments, properly so called. Some are employed solely for reducing fragments to powder, and others are merely scoops for the removal of detritus. The first or strongest kind may be used to crush small stones, say nearly all up to about three-quarters of an inch in diameter, if not very hard, and larger ones if friable; but the special function of this class is to reduce calculous matter, whether existing as small stones or as fragments produced by fenestrated instruments, to a state of powder.

A well-constructed lithotrite with plain blades, for the purpose of crushing small stones, has a wide female blade and a narrow male one. The narrow male blade of Fig. 7 will readily make its way through a small stone or fragment lodged against the female blade, the width of which aids in retaining the fragment in position; while the male blade of Fig. 8, nearly as wide

FIG. 7.



Lithotrite with plain or entire blades; but the male blade narrow.

FIG. 8.

Lithotrite with plain blades; but the male blade wide.

as the female blade to which it is opposed, will reduce small fragments admirably to powder, but will be less effective against a hard mass of half an inch or more in diameter. Moreover, were an attempt so to use it successful, the jaws of the instrument might become packed so tightly with detritus as to render its dislodgment somewhat difficult. This condition cannot easily occur with a narrow male blade; but if it has occurred, the detritus can be always dislodged at the will of the operator. The margins of its jaws are not sharp, but are well beveled; moreover, it is scarcely possible, from its construction, to seize or nip a piece of mucous membrane between the edges of the male and female blades, an interval existing between the edges when the blades are closed. The blades also are shorter than those of the powerful fenestrated instruments, and will therefore not easily retain their hold on a stone which is much too large for their power. It will be obvious that the shorter the blades, the more readily will a large stone slip from their grasp as the screw power is applied. Lastly, it may be remarked that, if properly made, the construction of this instrument provides that when by any mischance its powers are overtaxed, and fracture of the instrument at some spot is inevitable, this *must* take place at the base of the male blade, so that the instrument can be withdrawn as easily as before, and only a very small portion, not too large to traverse the urethra, can be left in the bladder. There is no more fear, however, of this occurrence, if used with prudence, than with any other instrument; still it is well to know that the thoughtful ingenuity of its inventor has made this admirable provision against possible accident.

The mechanical powers for accumulating and transmitting force which are commonly adopted in the lithotrite are, the wheel and the screw. Besides these, force can be transmitted by direct manual pressure, and by percussion.

The conditions necessary to the construction of this portion of a good lithotrite are—first, power in abundance; second, power which can be quickly applied, and in small or large quantity at the will of the operator; third, power which can be disengaged and reapplied with ease and rapidity; lastly, all these conditions to be fulfilled without producing any harsh movements of the instrument capable of communicating injurious concussion to the bladder or urethra.

The rack and pinion is that form of wheel power which is now employed, and it is well adapted for powerful fenestrated instruments. Its application was originated by Mr. Fergusson in 1834, to supersede the cumbrous apparatus of Heurteloup. Increase in the diameter of the handle of the pinion increases, of course, the power, and *vice versâ*; and this diameter should be made to correspond, not only with the strength of the blades which have to support it, but with that of the individual by whom it is to be used. This remark, on the relation which leverage ought to bear, not only to the resistance at the blades, but to the muscular strength of the operator, applies equally to all lithotrites. The rack and pinion is a useful form of mechanical power because it enables the operator to apply force when he wishes, by a jerk or impulse; in other words, *to augment with rapidity the rate of pressure*—an action of which the screw is barely capable; and this is a kind of force which in some cases tells on the stone when mere uniform screw pressure fails. It stands midway between the screw and direct percussion. It is more susceptible than the screw of being controlled and modified by intelligence through the medium of the hand; but, unlike the screw, sustained effort is necessary to exert sustained pressure.

The screw is that form of mechanical power which is most commonly employed in the lithotrite. It admits of great pressure being gradually, evenly, and continuously applied. On the other hand, the quick impulse and percussion are both incompatible with the action of the screw. One great drawback in the use of all the original screw instruments, and therefore in most of those still used in this country, is the consumption of time by unscrewing, in order to open the jaws of the lithotrite, which have been closed in the act of crushing. Time, as we shall hereafter see, is of great value in lithotrity, and everything which economizes it conduces materially to the success of the operation. The abolition of unnecessary movement is, moreover, so much clear gain to the process, since there is necessarily a correspondingly diminished chance of producing disturbance of the bladder. It has long been a desideratum to produce a lithotrite in which the screw should remain as the mechanical power, and yet no unscrewing be necessary, and in which, also, rapid impulse and percussion could be applied. The desideratum referred to has, however, been supplied by M. Charrière, in the very ingeniously-contrived lithotrite usually distinguished by his name. It is, moreover, the instrument now most commonly employed by Civiale. The action consists in providing, by means of a simple mechanical arrangement, that after the male blade has been screwed home in the act of crushing, it can be withdrawn instantly and to any extent without unscrewing. Further, supposing that the stone has not yielded to the pressure made by the screw, the hold of the latter can be detached without risk of losing the stone, and percussion can be applied direct through the male blade. It is difficult to conceive of anything more perfect than the manner in which these objects are attained by this lithotrite.

We shall now proceed to consider each one of the separate proceedings which are necessary in performing a single operation of lithotrity. And, in future, each single operation will be denoted by the word "sitting;" and the word "operation"

will be applied to the sum total of sittings necessary to relieve the patient of his stone.

1. *The position of the patient during the performance of lithotrity.*—Two positions may be described as necessary in lithotrity: the ordinary position; and an exceptional or extraordinary position. The latter is, however, suitable to a large minority of the cases to which lithotrity is applicable.

In the ordinary position, a patient lies easily, on his back, upon a couch, which, for the convenience of the operator, should be higher than a common sofa, else he must stoop, and be otherwise much constrained in his movements. A bed may be used, provided the patient is placed on a hard mattress, so that the pelvis does not sink—a position fatal to good practice,—and he must be brought with his right side close to its edge; but a couch or table about two feet wide is better, as admitting free access to either side. The pelvis is to be placed just above the level of the shoulders: this constitutes the ordinary position; the head only to be supported on a pillow. The thighs are to be separated a little, so that there is a clear interval of about twelve inches between the knees for the operator; and each knee may be slightly raised on a small cushion or pillow. In this position the stone generally lies a little behind the neck of the bladder, and may be easily found and acted on by the lithotrite, provided the bladder and prostate are normal.

In the exceptional position, the pelvis is raised from four to six inches above the level of the shoulders; a firm cushion is placed beneath the pelvis, so as to support the sacrum and tubera ischii—a pillow is useless; the thighs are slightly raised; they must not incline from the pubes downwards, or the position of the pelvis will be interfered with; the abdomen, on the contrary, inclines backwards from the pubis symphysis. The stone now lies on the posterior wall of the bladder, at a little distance from its neck, approximating to the upper fundus in proportion to the degree of elevation of the pelvis. This position is generally necessary when there is an enlarged prostate, behind which a stone is frequently concealed. It is also often desirable when the patient is very stout and the abdomen protuberant, and in searching for the last fragments, or for a small stone, in any case where its presence is suspected, but it has not been found in the ordinary position. It is not so comfortable to the patient as the latter; but the sitting should never be long enough to render the position very irksome, much less painful. Thus it is that a couch, of which the plane can be altered so as to raise the feet twelve or fifteen inches, sometimes meets all the indications with the least amount of uneasiness.

In those few cases in which it may be desired to perform lithotrity for children, the pelvis should also be a little elevated, otherwise the stone will be close to the neck of the bladder, from the position of this viscus in children rendering that the natural situation in the ordinary recumbent posture.

The object of determining the position in lithotrity is most important—namely, to prevent the stone from lying close to the neck of the bladder, which it almost certainly does if the pelvis sinks a little below the horizontal line of the body; for the centre of the cavity is by choice the area of operation. The neck, as a part which is very sensitive, easily injured, and ready to take on inflammatory action, is to be kept free from all unnecessary mechanical irritation: an important principle, which is never to be lost sight of in the conduct of lithotrity.

2. *The state of the bladder prior to a sitting; injections.*—It is essential to the safe and successful performance of lithotrity that the urethra should possess a calibre of at least average size, and that the bladder should be capable of containing a moderate amount of fluid—say from four to six or eight ounces. Less than four is scarcely a safe quantity, inasmuch as the area for working the blades is too small, and their contact with the coats of the bladder is inevitable, unless the object is to employ a small instrument upon small fragments, in which case three ounces may be sufficient. A quantity much exceeding eight ounces makes the area of operation too large, in which condition a small stone or a fragment may elude our search, and the movements of the instrument necessary to conduct it are consequently greatly increased—a circumstance which is in itself an evil. The plan almost universally adopted, therefore, is to withdraw the urine by catheter immediately before operating, and to inject a known quantity—say five or six ounces—of water at the temperature of 100°.

I venture to dissent from this practice as a rule, although in exceptional cases to be described it is desirable. Sufficient benefit does not accrue from it to compensate for the advantage arising from a strict adherence to one of the great principles before enunciated—namely, *always to effect our object with the smallest amount of instrumental interference.*

As the quantity of fluid required in the bladder may safely range between four and eight ounces, without any disadvantage to the operator, it is in my opinion generally the best practice to arrange that the patient shall hold his urine for a period of an hour or an hour and a half prior to the sitting. This saves the introduction of the catheter, and the sudden distension (sudden as compared with the natural mode) of the bladder with fluid, which exercises always a certain disturbing effect, and excites a disposition in the viscus to contract afterwards. The sitting is commenced with the introduction of the lithotrite, and is thus shortened nearly one-half.

If the patient cannot retain his urine more than twenty or thirty minutes, he usually requires more preparation; since, if an attempt is made to compel the bladder to retain a larger quantity than it tolerates comfortably, uncontrollable contractions of it are produced, pain is occasioned, and the organ is at once placed in an unfavourable condition for lithotrity. *It is useless to contend with the bladder*, and any contest engaged in will certainly end in the discomfiture of the operator.

The exceptional cases in which it is generally desirable to inject the bladder are those in which there is atony of its coats, or "paralysis," as it is popularly but not very correctly termed. That condition of the coats of the bladder which is most favourable to lithotrity is that of healthy tonicity, a condition in which the organ contracts upon its contents sufficiently to form a reservoir of tolerably regular form. An abnormal irritability or disposition to contract is objectionable on the one hand; a flabby, unexcitable state of the coats is unfavourable, although in a less degree, on the other; it is so because the stone is apt to be enveloped or hidden in loose folds of the bladder—because the viscus, in place of forming by its inherent tonicity a somewhat ovoid figure, is influenced rather by the pressure of surrounding viscera, and may take any irregular form which they determine. Such a condition is temporarily improved by the stimulus of injection. The urine is withdrawn, a known quantity of water is injected, and if it be much cooler than the blood—say 70° or 60°—the stimulus to slight contraction is usually increased.

The want of tonicity in a bladder presents a state of things which nearly resembles the condition of the bladder in the dead subject. Useful as the practice of lithotrity is in the subject in relation to the manipulation of instruments, it should be remembered that the condition of the bladder there is quite different from that existing in the healthy living body. In the dead body, the stone does not lie at the neck of the bladder, but occupies any spot in the flaccid viscus which position and the pressure of adjacent viscera render the lowest. By depressing the jaws of the lithotrite into the *bas fond*, after the system of finding the stone much adopted in this country, the stone of course rolls into it. But this result is by no means a matter of course in the living. When tonicity is active, the muscles of the bladder always tend to roll a large stone towards the neck—a fact of importance; and the result of this action, though much modified by the position of the body, is not always entirely counteracted by it.

(We shall consider next the methods of seizing and crushing the stone.)

ON A CASE
OF
INTRA-ORBITAR ANEURISM.

CURE BY LIGATURE OF THE CAROTID, AFTER FAILURE OF DIGITAL PRESSURE.

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CASES of intra-orbitar aneurism are interesting, not only on account of their rarity, (which gives only an inferior *dilettante* interest,) but still more so because, partly by reason of that rarity, the pathology and treatment of this serious affection have only recently been satisfactorily investigated, and in some points remain unsettled. Each case, therefore, deserves to be carefully examined and recorded. In the present instance, I hope to contribute something to a real surgical progress by a brief study of the clinical features of the case.

It may be proper to note, in the first instance, that the greater number of the facts now recorded have been observed

since Mr. Travers drew attention to the disease forty years ago, in a paper published in the 2nd volume of the "Transactions of the Medico-Chirurgical Society." In this paper Mr. Travers described his case as one of aneurism by anastomosis, or erectile tumour. Since then, nearly all authors have followed in the groove which Mr. Travers notched, and have spoken of intra-orbitar aneurism as anastomotic, and belonging to the class of erectile tumours.

In a paper by Mr. Nunneley, of Leeds, in the 42nd volume of the "Medico-Chirurgical Transactions" for the year 1859, he enumerates Travers, Dalrymple, Busk, Scott, Carling, Velpeau, Jobert, Haynes Walton, Mott, and Van Buren as the only authors whom he had been able to ascertain as having given to the world cases of intra-orbitar aneurism. The list, however, is very far from complete, and it will be proper to add the names of Roux, Herpin, Petrequin, Carron de Villard, Bourguet, Middlemore, Bowman, Syme, Gioppi, and Scaramuzza, who have each given to the world authentic descriptions of such aneurisms.

In analyzing the cases, we find that the appearance of the aneurismal swelling occurred, in most cases, late in life; that they were of sudden growth; and were cured by ligature of the main artery. Thus in the cases of Travers, Dalrymple, Nunneley, Gioppi, Scaramuzza, and Middlemore, the disease appeared suddenly during states of weakness after fever or childbirth; a crack was felt in the orbit, something seemed to give way in the head, and œdema of the lids, exophthalmus, and pulsating swelling followed. In the cases of Jobert, Roux, and Herpin, also, it appeared suddenly. In the cases of Busk, Scott, Van Buren, and Curling, it followed immediately on the blow to the head. Moreover, Guthrie, Nunneley, and M. Girandet, (of Tours), have verified the true aneurismal character of the disease by post-mortem. The age of the majority of these persons was above the middle term of life. This is incompatible with all we know of anastomotic aneurism. From the consideration, therefore, of the symptoms and history of all the above cases, it must be concluded that systematic authors have wrongly classed them as aneurisms by anastomosis, and that they must henceforth be considered as cases of either true or false intra-orbitar aneurism.

Cases of aneurism by anastomosis have, however, been seen and recorded in this situation by Mr. Walton, Dr. Mott, Mr. Critchett, and others. They are congenital, slow in growth, intractable, and rarely yielding immediately to ligature.

The following case is, so far as I know, unique in the surgical literature of this subject. It is an instance of traumatic arterio-venous aneurism of the frontal branch of the ophthalmic developed within the orbit.

Case of traumatic aneurism of the frontal branch of the ophthalmic artery, with consolidation of the artery; digital pressure of the carotid employed ineffectually during three weeks; ligature of the common carotid; cure.—Richard T——, a boy aged eleven, quarrelling in the street with another lad, received a blow from the forked end of an iron rib of a parasol at the inner angle of the left upper eyelid, about four years since. Rapid swelling of the eyelid followed. In a few minutes a considerable effusion of blood into the eyelid had occurred. It swelled to the size of a pigeon's egg, and became purple in colour, altogether obscuring the eyeball, since the lid could not be raised. The wound bled very freely. By the aid of pressure the bleeding was arrested. Subsequently, under the influence of time, cold lotions, and leeches, the swelling of the eyelid subsided, the eye remaining somewhat bloodshot. No ill effects were apparent.

The boy returned to school, and went on as usual. He used to complain afterwards of headache and singing in the ears; but it was not until the end of 1860 that the attention of his mother was drawn to a swelling in the site of the original wound of the lid, which beat with a perceptible pulsation. This gradually increased in size; the lid became protuberant, the eye projecting, and somewhat unduly vascular in its conjunctival surface. He was brought to my house on the 19th of January, 1861.

There was an aneurismal swelling at the inner angle of the orbit, just below the margin of the bone; it pulsated strongly. There was a perceptible thrill, and a very loud, whizzing bruit could be heard over all the left side of the head and temple. This bruit was continuous through both systole and diastole, but louder during diastole. Hence I inferred that there was a communication between the artery and vein, and that this was an arterio-venous aneurism, resulting from the transfixion of the frontal branch of the ophthalmic artery and its satellite vein by the forked end of the piece of iron. There was no scar perceptible where the external wound had been. The eyelid was swelled, and some dilated vessels coursed over the ocular conjunctiva of the globe, which was itself larger and more prominent than that of the opposite side. The general health of the lad was good. He complained of a whizzing noise in the head, like that of a steam-engine at work, and he suffered from headache.

After causing my diagnosis to be verified by Mr. Erichsen, I resolved to apply digital pressure to the left carotid artery, with the view of obtaining a cure in the same way as we are in the habit of doing in treating aneurism in other parts of the body. Although entertaining the highest opinion of the capabilities of this always innocuous treatment, I had not any great hopes of its success in this case. That method is most effective to cure where a definite sac or diverticulum of the blood exists, and where, by retarding the circulation, the deposition of layers of fibrin on the roughened walls of the sac may be obtained. Here, however, there was but a small sac, situated between the artery and vein, and communicating with both. I had put the boy under chloroform to facilitate the perfect examination of the aneurismal disease; and by passing the finger between the eye and the roof of the orbit, it could be felt that the projection at the angle was due to an enlarged and tortuous coil of artery, and that the artery was tortuous and dilated along the roof of the orbit. Here, then, was a case of arterio-venous aneurism, with the cirsoid dilatation of the artery, and probably also of the vein, which commonly accompanies that disease. In such a case there is no roughened sac; the arterial blood passes by a smooth aperture into the vein: and these are conditions under which it is almost hopeless to expect that indirect pressure will effect a cure—almost hopeless, but not quite. I felt it right, therefore, to employ digital pressure on the carotid during three weeks, organizing for the purpose a staff of three persons, who maintained intermittent but complete pressure during several hours daily for that period. It was very easy to stop pulsation in the projecting tumour by pressure on the carotid, and the arrest of the pulsation always afforded the visible sign that the pressure was complete. In cases of true aneurism, some surgeons have thought it desirable that the pressure should be continuous and incomplete, allowing a small stream of blood to flow through the tumour and deposit its fibrin. In arterio-venous aneurism I have no doubt that it should be intermittent and complete; for here the object is, by stopping the flow of blood from the artery into the vein, to seal in the first instance the aperture of communication. If this complete pressure be not intermittent, faintness follows from the interference with the circulation of the brain. This boy always bore fifteen minutes of pressure very well. At first we all thought that there was a marked improvement; and the boy said that he did not suffer so much in the head. However this may have been, at the end of three weeks there was much the same state of things as before. After some consideration I resolved to tie the common carotid artery, as offering the best means of cure.

In March I operated, in the presence of Mr. Erichsen, Mr. T. Holmes, and Mr. Walter J. Coulson, Dr. B. W. Richardson administering the chloroform. The operation lasted but a few minutes, and neither the vein nor nerve was seen. The ligature of the common carotid immediately caused the flattening of the pulsating tumour, and an entire cessation of its beat. On recovering from the chloroform, the boy was calm and sensible; there was no perceptible change of temperature in the heart, in the eye, or in the neck. He slept well that night, and the most remarkable point in all the after progress was the total absence of any symptoms which could have led to the supposition that the great artery of the neck had been tied, or

that anything had been done to interfere with the circulation of the brain. The ligature fell on the eighth day. The patient was seen during his convalescence by Mr. Erichsen and Dr. Richardson. The only point to be noticed was, however, the absence of symptoms.

Looking to the frequency with which ligature of the carotid has produced the gravest symptoms of brain disorder, and the occasions on which it has been followed by softening of the brain, paralysis of the opposite side, and death, I was disposed to think—and it was also the impression of Mr. Erichsen—that this boy had a great advantage in that the collateral circulation had been developed previously by digital pressure, and the sudden diversion of the blood was hence attended with little or no shock to the brain. It was in this hope that I persevered in the use of digital pressure before the operation, after it was evident that it was not likely itself to effect a cure. I think it may perhaps be recommended that this preliminary measure should in future always be adopted, if only with that view.

The final result of the ligature has in this case been satisfactory. There is not, at the present time, any trace of the tumour, or pulsation at the angle of the eye. The sight is perfect. He has no pain or noises in the head; he runs and plays about, and is clever at his book. There may be heard, by applying a stethoscope to the head, a whizzing bruit. This has been noticed in other cases after cure, but it has not affected the permanency of the cure. I attribute it to the retrogressive dilatation of the arteries which had occurred during the progress of the disease. This slightly cirsoid condition will probably remain.

In the following table may be seen a list of the recorded cases of intra-orbitar aneurisms treated by ligature of the primitive carotid, with the result:—

Author.	Date.	Result.
Travers	1804	Successful.
Dalrymple ...	1812	Successful.
Roux...	1829	Success incomplete.
Scott...	1834	Successful.
Busk...	1835	Successful.
*Jobert	1839	Successful.
*Velpeau	1839	Success partial.
Van Buren ...	... ...	Successful.
Herpin	1844	Successful.
Pêtrequin... ...	1845	Death.
Brainard	1852	Unsuccessful.
Curling	1854	Successful.
Nunneley... ...	1852	Successful, sight gone.
do.	1856	Successful.
do.	1858	Death.
do.	1859	Successful.
Bowman	1859	Death.
Bowman	1860	Successful.
Syme...	1861	Successful.
Hart	1861	Successful.

It will thus be seen that the statistical results of the operation are not unfavourable, considering the magnitude of the vessel ligatured and its importance to the nutrition of the brain. Out of the twenty cases which are here tabulated, in three cases the ligature of the common carotid was followed by death. In two the success was incomplete. In a sixth case the pulsation of the tumour was unabated by the operation. There remain fourteen successful cases out of twenty.

This has been regarded as a very encouraging result. But it must not be omitted to observe, that with the more accurate determination of these cases as instances of true spontaneous or diffused aneurism, and the negation of their supposed anastomotic character, there should come an application of the same improvements in treatment as have been applied to the surgical treatment of aneurisms of other parts of the body. I am the more desirous of clinically discussing them, because Mr. Nunneley, in his late monograph, omits all mention of any other mode of treatment than ligature. Among these modern resources must be counted electro-puncture, the injection of coagulating fluids, and compression of the artery.

As to the first, it may suffice, in this brief commentary, to note that electro-puncture has been applied both by M. Pêtrequin and by M. Bourguet unsuccessfully. But this was in the infancy of that method; and inasmuch as that method has been subsequently much improved, and has yielded some excellent results, it might well be applied as a means almost innocuous, and capable of effecting a cure in limited saccular aneurisms of the orbit, before having recourse to the serious proceeding of ligature of the main artery.

The injection of coagulating fluids has been twice employed by Mr. Brainard and M. Bourguet. Mr. Brainard injected a solution of lactate of iron (eight grains to the ounce) in a case where ligature had failed, and obtained a cure, though not unaccompanied by symptoms of inflammation of the sac, which might probably be avoided in future by the observance of precautions omitted in this case. M. Bourguet* used a solution of perchloride of iron of 28°, and obtained a complete success, without any untoward symptoms. The injection of perchloride of iron requires the precautions of using a neutral solution, arresting the circulation through the sac temporarily by compressing the artery below, and of throwing in only a few drops of the fluid. From these cases it will be seen that the treatment by coagulating injections is worthy to be recorded among our surgical resources, as often preferable to ligature.

I did not have recourse to that method in the case of Richard T——, because the tortuous and dilated state of the artery, without any obvious or perceptible sac, offered the most unfavourable conditions for that treatment, and promised more of failure and injury than of success.

But of the third resource more positive language may be used in recommending it for trial in the first instance in all future cases of intra-orbitar aneurism. Compression of the artery leading to the aneurism is the method which obtains a universal preference in the minds of surgeons. If it has not been earlier applied to the treatment of orbital aneurisms, the explanation must probably be found in the fact that continued instrumental compression of the carotid artery in the neck is a proceeding of almost insurmountable difficulty. Since Professor Vauzetti, of Padua, has perfected the application of digital compression, this difficulty no longer exists. Digital pressure was maintained in the case of R. T—— without inconvenience. It failed to effect a cure, but it probably modified favourably the condition of the tumour, and developed usefully the collateral circulation of the brain. I can, however, refer to two cases in which the method has been applied to the treatment of formidable aneurisms of the orbit with triumphant success. In the one case, that of Maria O——, treated by Professor Gioppi, of Padua, the cure was effected by compression for a few hours in four days; in the other case, that of Catharina B——, treated by Dr. Scaramuzza, of Verona, by intermittent compression occupying seven hours and twenty minutes in the course of eighteen days. The first of these cures was effected in 1856, and was published widely at the time; the second in 1858. It may perhaps serve to show how slowly the news of surgical progress may reach even the best-informed quarters that no reference whatever is made to these cases in Mr. Nunneley's paper in 1859, nor does he mention the possibility of effecting a cure by this simple means. By the kindness of Professor Vauzetti I am able to present a drawing from life of Maria O——, which he has forwarded to me.

Maria O——, aged forty-two, entered the clinique of the hospital of Padua, July 4th, 1856. She was of feeble constitution. Seventeen days previously, during an effort of childbirth, she felt as though her eye had started from the orbit. Four days afterwards the lids and globe of the eye were immovable, and there was complete blindness. On admission, the aspect of the patient was, as may be seen in the draw-

* I think these are the two cases which Mr. Nunneley refers to as having been witnessed by Mr. Erichsen in "1859."

* Gazette Médicale, 1855.

ing, frightful. The eye lay motionless on the cheek; the pendulous lid was red and livid; the cornea infiltrated and opaque; blindness complete. There were pulsatory noises in the head, and the finger, when pressed back at the upper border of the orbit, felt an elastic aneurismal tumour thrusting forward the eye. Compression of the carotid very soon produced faintness, and Gioppi employed the method of Valsalva, fearing to use ligature. It failed. Digital compression was then employed for a minute or two at a time, suspending it when faintness threatened. This compression was effected with the finger by the patient herself, and some of the convalescents and others in the ward. The effect was of the happiest kind. On the following day there was already a diminution in the force of the pulsations; and at the end of the fourth day all pulsation had ceased. From that time all went well. Finally, the eye retreated within the orbit and sight returned, the patient remaining only somewhat myopic and with a dilated pupil.

Catharina B——, of Verona, a washerwoman, aged forty-nine, small and weakly, was admitted into the eye ward of the civil hospital of Verona on April 4th, 1858. She was weak in health, and subject to palpitation. A few days previously, after a violent access of fever, she felt an acute pain in the left orbit and ear; something seemed to give way in the orbit; the eye became enlarged, and the patient could not distinguish light from darkness. On her admission, the left eye projected entirely beyond the orbit; the lids did not cover the ball; the eye red; the cornea dull. The patient could hardly discern the light. There was pulsation and thrill over the orbit and left temple. She was the subject of dilatation of the heart and of the arch of the aorta. Digital compression of the carotid was therefore employed here very cautiously, for not more than five minutes at a time. Summing up briefly the carefully recorded details of the case, it may be said that during the eighteen days that the treatment lasted, the total space of time during which compression was used amounted only to seven hours and twenty minutes. The eye had then entirely entered the orbit, and pulsation had ceased. The cure was complete.

These cases are instances of brilliant success in a truly conservative surgical procedure. I have been induced to bring them under the notice of the profession, in connexion with my case, because they seem to constitute a veritable progress; and I was the more induced to do so because, in the last monograph on the subject,—that of Mr. Nunneley, in his paper in the "Medico-Chirurgical Transactions,"—no mention is made either of these cases or of the remarkable method by which their cure was effected.

Wimpole-street, March, 1862.

REFLECTIONS UPON SYPHILIS.

By JEFFERY A. MARSTON, M.D.,
ASSISTANT-SURGEON, ROYAL ARTILLERY.

My attention having been necessarily directed to the subject of venereal disease for some years, as the disease *par excellence* for the army surgeon, I think it may not prove altogether uninteresting if I attempt to sketch succinctly the impressions I have received. That many of the views here advanced are no longer new ones will be obvious to anyone conversant with modern continental inquiries upon the subject. I have no doubt, however, that some of the medical officers with whom I have had the pleasure of being stationed will recognise in them the expression of tenets which have been long growing and forcing themselves upon my mind, and that they are not the result of that facile process of copying and following a leader, however eminent. Educated in Ricord's views, which seemed to have been based upon a wide experience and careful induction, my opinions were long fettered with that exclusive adhesion to an authority with which a weaker intellect is too apt to be influenced, by an authoritative teacher possessing far less originality and talent than Ricord. As it was after the publication of Hunter's work upon Syphilis that the subject appeared to have been exhausted by his wondrous sagacity and acumen, so, after the revolutionary reaction of Ricord's doctrines, the current of men's opinions was a placid stream, with no revolutionary ripple to disturb it.

From a suspension of judgment to scepticism, and thence to heterodoxy, are easy stages.

Although a series of propositions may appear dogmatical, I disclaim all intention of the kind, this form of expression being adopted for the sake of precision in stating the principles of one's creed. I would remark that the details of cases upon which such have been grounded have been slowly accumulating in my possession, and, during the last few months particularly, have been rapidly losing any newness that they may ever have possessed.*

If by a syphilitic sore is meant that kind of sore which infects the system, it is better to define it simply as the initial lesion to constitutional syphilis, induced by the action of a virus upon the part to which it is applied.

That, putting aside all questions of the objective signs by which an infecting can be differentiated from a non-infecting sore, there can be no doubt that not all chancres are followed by constitutional symptoms.

That, after the masterly series of observations and experiments by Baserean more particularly, we must accept that in neither age, sex, constitution, nor tissue really lies the cause of the differences between the infecting and non infecting sores, irrespective of a specific cause or virus, to differences in which we must look for this duality in the diseases.

That there are two different varieties, or species more properly, of sore, is proved by daily observation and experience, and has been more positively established by the experimental proof obtained by confrontation and syphilization; the easily inoculable, soft, suppurating sore not having been followed by constitutional diseases in persons suffering from Norwegian leprosy and inoculated by Danielssen, with one exception, and that was from the use of a virus obtained from an indurated chancre; Danielssen himself being a believer in the specific unicity of the virus of both sores.

That I accept as proved that the inoculation of virus from an indurated chancre does not produce its like, but a soft sore, (if the inoculation succeed,) upon the same subject. That the virus from such *soft* sore, however, may induce the hard in a person not previously infected, is nearly proved.

That a model case of infecting sore will have a long period of incubation—will be very indolent, non-purulent, indurated and cup-shaped, and followed speedily by symmetrically enlarged inguinal glands; and the virus, as a rule, will *not* be followed by any reaction, as the result of auto-inoculation.

That, however true this may be, the majority of sores which are followed by secondaries are not of this typical character, and that the true Hunterian chancre is not by any means the only or most frequent primary lesion in such.

That it is far easier to say what *is* than what is *not* an infecting sore.

That although it is quite true that a suppurating bubo accompanies the non-infecting variety of sore, yet that suppurating buboes are often followed by secondaries, as seen in the army. Under two heads—1st, from the regular infecting sore giving rise to the characteristic glands (multiple, symmetrically placed, and indurated), the tissues superimposed upon which inflame and suppurate occasionally in lymphatic and strumous subjects; conditions of constitution; and from accidental causes of irritation, such as marches, exposure to wet, and stiff, ill-fitting trousers, &c. 2ndly, from the subject of the disease having a hybrid affection—e. g., sores of different characters, and followed by the different products.

That the induration of a chancre varies in degree, amount, duration, and date of appearance, is allowed on all hands.

That a sore upon the sheath of the penis, having all the appearance of a soft sore, and capable of producing its like by

* It is my intention to arrange and publish these, when I have more leisure.

auto inoculation, may be followed by constitutional infection, I am positive.

That the result of inoculation (as *ordinarily* pursued, by destroying the resulting pustule as soon as it appears) is not a perfectly trustworthy index to the "specificity" of the virus. I state this because I have witnessed (exceptionally it is true) upon some lymphatic and strumous subjects, a pustule and ulcer produced by inoculation with non-specific pus, simulating so much a soft chancre as to have been mistaken by a surgeon, when its true nature and origin were purposely concealed from him.*

That the physiological properties of tissue affect considerably the character of sores: by inflammatory engorgement and surrounding parenchymatous hyperplasia, giving rise to hardness of the base and periphery of a venereal sore, is also allowed by all—e. g., the same sore affecting the prepuce and glans; the hardness being often strictly limited to the former, the softness and suppuration to the latter.—(H. Lee's "Phlegmonoid Suppurating Sore.")

That if the induration proper to the specific morbid process be seated, and runs its course in the hardness belonging to the seat of the sore (conditions proper to the tissue), or in the hardness depending upon the state of the sore as regards irritation and vascular reaction, following caustic, &c., (accidental conditions affecting the state and progress of the disease,) we may have a primary infecting sore impossible to diagnose, and about which we should form a very guarded prognosis.

That although this hardness differs from induration in its absence of precision of limit and deficient closeness of texture, and although local depletion, rest, and soothing applications will generally remove it, allowing the induration proper to appear, yet it may not always be so.

That the guides as to the longer period of incubation, inoculation-test, symmetrical affection of multiple indurated glands, non-suppuration of sore or bubo, and the condition of cicatrix as regards induration, are not singly trustworthy guides; but they must all be had in consideration in forming a diagnosis.

1st. As to period of incubation, this manifestly must be often inapplicable.

2nd. A patient may be the subject of double infection—the soft and indurated chancres in different places or upon the same identical spot. That, so, a suppurating bubo may affect one groin, and the virus be inoculable to any extent. Nay, more: an infecting sore may give rise to a soft sore by auto-inoculation, and such soft sore be preceded by a *pustule* (contrary to Mr. H. Lee's observations).

3rd. That sores occupying the sheath of the penis (almost invariably infecting, as I have seen them) do not always give rise to indurated inguinal glands, but an indurated or even suppurating bubo at the root of the penis, and yet be infecting sores.

4th. An infecting sore may give rise to true pus globule—from accidental irritation, from being a hybrid of the two local affections, or from the physiological reaction of the part: e. g., a sore which proved to be infecting, occupying the prepuce and glans, differing in this respect. Nevertheless, it is undoubtedly true that suppuration is not an ordinary pathological product of true primary syphilis.

That sores upon the penis, as a secondary and not a primary lesion, are not so uncommon. The commencement of an attack of syphilitic exanthem is often preceded by a recrudescence in the cicatrix of the primary sore.

That these (secondary lesions) ordinarily commence as a circumscribed patch of purple or bluish redness, very slightly raised, from which the epithelium is shed; the surface becoming abraded, cracked, or covered with its formed and degenerating epithelium: or this purplish-red spot, after becoming raised and losing its epithelium, takes on a chronic ulceration similar to that of the scooped-out syphilitic ulcers seen upon the tonsils.

The first variety corresponds to and often accompanies a squamous or erythematous exanthem of the skin; the latter appears identical with the syphilitic tubercle, the ulceration of which plays so important a part in the history of the evolution of the syphilitic virus in some subjects.

That syphilis in all stages may give rise to that disease in another not so affected is certain from my own observations: 1st, by inheritance; 2nd, by inoculation of the recipient with the fluid products of a secondary lesion.

That when disease follows such, a mucous papule is the initial symptom usually; sometimes a bubon d'emblée.

That it has been assumed by continental inquirers (Bassereau, Vidal, and Rollet,) that acquired syphilis, the product of virus from primary or secondary lesions, always enters the system through one pathological portal—a chancre. If by this be meant, the initial lesion to constitutional infection induced in a part upon which such virus falls, it is true: if, however, by chancre be meant a localized sore of special and essential characters, the doctrine does not seem yet proven.

That certain cases of constitutional syphilis have arisen in officers and others (well acquainted with the literature and symptoms of syphilis as they often are) in which neither they nor the medical attendants have been able to trace any primary lesion, properly so called.

That with regard to a prolonged incubation, I have been told by men and officers (of whose veracity I could have no doubt whatever) of periods varying from one month to fifty-six days, before any local lesion followed the last connexion.

That the superficial sores affecting but a part of the skin or mucous membrane—(excoriations, erosions),—attended with slight vascular reaction, tending to indolence, with exuviation of the epidermis or epithelium, and not necessarily ulcerating at all, or but superficially, are a very frequent class of infecting sores, as seen in the army.

That such a condition of prepuce may give rise to indurated preputial tissue, balanitis, and phimosis, and be a true infecting syphilis.

That although gonorrhœa and syphilis are unquestionably two essentially distinct and different diseases, yet there can be no doubt that a urethral discharge *clinically* identical with gonorrhœa may be the forerunner of constitutional syphilis.

That such syphilitic infection, after an apparent gonorrhœa, may occur in three ways I have not much doubt.

1. Urethral chancre. (If by this be meant an ulcer low down and concealed, it is difficult to be accounted for physiologically, considering that the urethra is a potential cavity, closed, and the act an excretive one, during coitus.) Relatively more rare than imagined. Inoculation proves nothing of course positively, because though the infecting chancre is not auto-inoculable, it may be followed by a soft sore; and if the soft, so-called non-infecting chancre, be present in the urethra, it is inoculable.

2. By a diffused mucous inflammation of the urethral tissues, (like that affecting the preputial tissue,) from which a copious discharge may ensue — muco-purulent or purulent. If the observations and teaching of Virchow be truthful, that there are marked differences between the reactions of mucous and parenchymatous tissue in pathological conditions, we have a theory capable of explaining some of the contrarieties of syphilitic disease. A rapid cell-growth, deviating more and more from the normal cell, in direct ratio to the activity of its generation and the duration of the morbid influence, with transudation of fluid, may as well embrace the pathological process of syphilitic inflammation within the urethra, as a localized induration and exuviation of epithelium, with or without molecular disintegration, can external to it. The different physiological states, too, of the part, as regards its function, and the irritation of the urine passing over an inflamed surface, may account for the copious excretions from the urethral mucous membrane, as well as the fact that a syphilitic virus affects an abrasion or excoriation generally on the penis; while in the urethra it can only act through the mucous membrane, or be lodged in a lacuna, and hence the longer period of incubation of cases of urethral chancre, as well as the more diffused inflammation.

3. By a true gonorrhœal virus, obtained from a prostitute constitutionally affected with syphilis, who gives both diseases by virtue of the same vaginal excretion.

That the infecting sore is a local expression of an infected blood, as well as the effect of a virus upon the part, and that no abortive treatment will *guarantee* against the occurrence of constitutional symptoms. My scepticism upon the use of caustics for this end dates nearly three years ago, and now amounts to positive conviction, from my experience of the results of canterizing sores in the earliest stages, as well as the destruction of the spot into which vaccine matter has been introduced not certainly preventing the constitutional infection.

That secondaries have not followed sores canterized at an early stage is no proof whatever that the constitution could ever have been affected at all if the local disease had been left alone.

That after the occurrence of an infecting sore the period of incubation is most variable, as seen in the army, where primaries are variously treated. No constitutional symptoms may appear for *many years after;* or the syphilitic disease may

* *Vide* Dr. Piringer's Observations upon the Artificial Production of Purulent Conjunctivitis from Non-specific Pus; as well as Simon's remarks thereon in his Essay upon Inflammation in Holmes' System of Surgery, vol. i.

even remain latent in the father, and yet be inherited by the offspring, in very rare cases.

That in civil life patients are lost sight of, and their medical history cannot be traced. Were it otherwise, constitutional affections consecutive to sores, which surgeons and experts have assured their patients were *not* infecting, would be found to follow. I know positively that constitutional syphilis has followed a trifling sore after years of good health, without any new infection, and that children have inherited syphilis from a parent, in whom the primary affection existed three or four years before, without any mark of syphilitic disease being present.

That a whole family (wife and three children of different ages) have been constitutionally affected with syphilis in different stages and degrees, the father being free; and not *all* of these could have had chancres in the ordinary way, but some must have been infected by the mother.

That it is untrue that the evolution of syphilis is in all cases regular where treatment has been applied (one virus, chancre, secondaries, tertiaries). A few men have had infecting chancres and affections of the periosteum at the same time; others have had primaries and tertiaries long afterwards, without the intermediate stage.

That the evolution of syphilis as seen in the army is often after this fashion: infecting chancre as a recruit (no reliable history of the kind of treatment); a period of apparently good health; the occurrence of some disease,—fever, pulmonary, or a fresh inoculation of any kind of venereal,—followed by protracted convalescence, chloro-anæmia, and then symptoms of syphilitic disease. Hence the efficient cause was the primary disease; the disturbing, say the treatment; and the exciting cause, the last occurring disease, its treatment, or confinement to hospital air, &c.

That the syphilitic disease occasionally runs its course in a manner so mild as to give rise to little, if any, impairment of the health, and only a few, though specific, affections of the skin, &c.

That there are no means beforehand for telling accurately which will be a severe and which will be a mild case of constitutional syphilis from the character of the primaries.

That there is a tendency for all cases to improve, and get well *in time*, irrespective of treatment, although there are marked differences of degree in this respect.

That the influences exerted by climate, change of residence, and mode of life, regimen, &c., have not yet been sufficiently examined. My friend Mr. Nesbitt, Surgeon to the Wolverhampton Infirmary, has suggested inquiries into this subject by his observations upon the infrequency of syphilitic affections amongst the convicts at Gibraltar—a class of persons in whom primary syphilis must have been common enough.

That cases of constitutional syphilis appear to stand a Mediterranean climate very badly, and that syphilis as a disease is with difficulty treated there, is, I fancy, the impression of most military surgeons who have been stationed there.

That I have seen some cases at least of active phthisis apparently checked during the evolution of syphilitic disease, and hence it is probable that the hospital air and confinement have something to do with the appearance of tuberculous disease in strumous persons attacked with syphilis, as well as the chloro-anæmia induced by that disease, rather than any direct influence which the syphilitic virus (*per se*) exerts in exciting tuberculosis.

That mercury in some form or other is *the* remedy for all secondaries, and for many tertiaries, with iodides of potassium, &c.; but that I disbelieve that mercury exhibited for primary disease prevents constitutional infection, or does anything more than cause the primary lesion to heal more rapidly, and *protracts* the date of the occurrence of constitutional symptoms.

That in giving mercury, it is better to use the mercurial vapour-bath than anything else, because the patient can then live well and take iron, and is less likely to suffer from dyspeptic attacks.

That a slow course of mercury seems to act far better than a rapid one.

That attention to hygiene—warm clothing, good plain diet, regular hours, exercise in the open air—in almost all cases of syphilis is highly beneficial, if not essential.

That the sloughing process may affect any variety of sore—more frequently the soft suppurating honeycombed than the indurated; and if the latter, the sloughing is frequently limited to the surrounding induration. That mercury is most injurious, and the exhibition and application of potassio-tartrate of iron almost specific, in such cases.

That protracted convalescence from various diseases is a frequent product of the syphilitic taint.

That internal syphilis, of the muscular, glandular, osseous, and cerebral organs, is more frequent than generally supposed. Cases tabulated as ulcer, epilepsy, paralysis, icterus, rheumatism, &c., are not unfrequently products of constitutional syphilis.

That in this country we have no effectual means of controlling the spread of venereal affections. My experience and observation are conclusive to my own mind, that only supervision and inspection of the women are adequate to grapple with the spread of these diseases.

That in Gibraltar and Malta measures applied to this end have answered admirably, the disease having been either eradicated from the garrisons or reduced to a minimum; to appear and rise again to a maximum by a discontinuance of such inspections.

That, by recent army medical statistics, venereal disease appears upon the increase. In 1859, of every 1000 men serving in the United Kingdom, 422 passed through hospital for some form of venereal disease; and taking the fact that the average duration in each case was twenty-three days, the loss of services from this cause alone, for the whole year, was nearly equal to three entire regiments out of a force estimated at 90,000.

Portsmouth, March, 1862.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

KING'S COLLEGE HOSPITAL.

IMMINENT SUFFOCATION FROM CROUP; TRACHEOTOMY; RECOVERY.

(Under the care of Dr. JOHNSON and Mr. FERGUSSON.)

RECOVERY in croup after the operation of tracheotomy may be said with justice to be exceptional, for if we take the experience of the London hospitals as our guide, the great majority of the cases prove fatal. The following case, from notes taken by Mr. Prangley, clinical clerk, is a fortunate instance of recovery, for the little patient was admitted in the last stage of suffocation from croup, and tracheotomy was at once performed, effecting instantaneous relief, with an immediate improvement in all the symptoms. By the end of the fifth week the patient was discharged quite well, with complete spontaneous closure of the external wound. Chloroform was given in this instance, apparently without inconvenience; it is, however, a dangerous proceeding, and is better dispensed with in the dyspnœa arising from any affection of the air-passages. We have seen instances wherein the fatal result was attributed to the operation, when in reality it was due to the chloroform.

Joseph H——, aged five years, was admitted Dec. 4th, 1861, about two o'clock P.M., in almost the last stage of suffocation from croup, having been ill two days previously. His breathing was short and spasmodic, lips and alæ of nose blue, and he appeared a great deal exhausted. Dr. Johnson saw him at once, and also Mr. Fergusson, both of whom agreed that tracheotomy was necessary, and which was at once performed by Mr. Fergusson, chloroform being previously administered. The chloroform did not appear to affect the symptoms. There was considerable hæmorrhage from the thyroid veins, and blood rushed into the trachea, but was at once coughed out. Some difficulty was experienced in introducing the tube, but as soon as this was effected the relief to the symptoms was instantaneous; the breathing became slower and more tranquil, and the face assumed its natural expression. He was conveyed to bed, and surrounded with an awning of blankets, and the steam of water diffused. He slept very much during the night, breathing tranquilly; and he took a good deal of nourishment. Pulse 160.

Dec. 5th.—Pulse 135—140; respiration 45—50.
6th.—Going on well; pulse 136; respiration 44.
9th.—Some bronchitis present; takes a large quantity of nutriment.
10th.—Can breathe through the larynx; tube removed.
16th.—Wound nearly healed.
18th.—Going on well; pulse 120; respiration 36.
23rd.—Opening in larynx scabbed over entirely.
30th.—Improving in every respect.
Jan. 7th.—Discharged.

ACUTE LARYNGITIS AFTER PARTURITION IN A MULATTO WOMAN; TRACHEOTOMY; RECOVERY.

(Under the care of Mr. HENRY SMITH.)

One of the difficulties attending the operation of tracheotomy was experienced in the present instance—namely, profuse and dangerous hæmorrhage, which at one time nearly proved fatal; it ceased, however, on applying a canula of proper dimensions. It is not stated in the notes of the case what part of the trachea was opened; for an incision below the isthmus of the thyroid body is attended with greater risk of hæmorrhage than when it is made above, where the trachea is comparatively superficial, and not covered by any plexus of veins. A good and steady recovery ensued, with spontaneous closure of the wound, as in Mr. Fergusson's case, notwithstanding the circumstance that the patient had been parturient two weeks before her admission; and she left the hospital well, with the exception, however, of the presence of aphonia, which had been persistent, from previous disease, for eighteen months.

A mulatto woman, aged twenty-five, admitted Jan. 31st, at eight P.M. She was suffering from great dyspnœa, the result of an attack of laryngitis with which she had been seized the day after her confinement a fortnight previously. The symptoms had not been severe until within about forty-eight hours before her admission, when they became very urgent. There was scarcely any movement of the chest; and, on examination, the lungs were found to be greatly congested. Two hours after admission the breathing became so much more difficult that an operation was urgently demanded. Accordingly Mr. Henry Smith proceeded to open the trachea. The windpipe lay at a great depth in consequence of the violent action of the sterno-mastoid muscles, and in carrying the incisions deeply down venous blood gushed out in large quantities, and much obscured the view of the operator. However, a free opening was made as quickly as possible in the trachea, and a double tube was introduced; but the hæmorrhage went on nevertheless, flowing externally and into the tube in large quantities. An attempt was then made to introduce a large tube, but it could not be inserted, although the opening in the trachea was very free. A large tube, however, of a different shape was obtained, and was readily inserted, upon which the hæmorrhage became arrested; but during the time that these manipulations were being carried on, the patient very nearly died. On giving her brandy, she coughed violently, and expelled a long coagulum of blood, which had evidently become moulded to the trachea.

After the operation, the patient was placed in bed, close to a large fire, and stimulants were freely given. For the first few hours she was in a low state; but she gradually rallied, and when visited next day at noon she was breathing comfortably.

Feb. 6th.—The woman has been progressing most favourably. There has not been any trouble with the tubes; the inner one has been taken out and cleaned twice a day. To take quinine.

14th.—Mr. Smith removed the tube to-day, as the patient breathes well when it is stopped up.

25th.—The wound made in the operation is quite healed. The patient breathes with the greatest ease, expands her chest well, and the auscultatory signs show no disease there. She has not yet recovered the use of her voice; but it appears that she had partially lost that eighteen months previous to her late illness.

The patient was discharged on the 26th.

ST. MARY'S HOSPITAL.

WOUND OF THE THROAT BETWEEN THE HYOID BONE AND THYROID CARTILAGE; FREE HÆMORRHAGE; RECOVERY.

(Under the care of Mr. COULSON.)

THE wound in the following case was transverse, and from four to five inches long, accompanied with very copious hæmorrhage from the severed external jugular vein, both ends of which were ligatured before the bleeding ceased. The larynx was almost uninjured; a very small aperture was presumed to exist, as air could be heard to pass in and out. The wound was closed, as in a simple incision, by sutures, and wet lint applied externally. In four weeks it had healed, without the occurrence of any symptoms of laryngeal inflammation, and the patient was subsequently discharged from the hospital, extremely pallid from the loss of blood which she had sustained.

Wounds below the hyoid bone are usually of the most grave character, in consequence of the inflammation which supervenes. The prognosis, however, in the following case was not serious from the commencement, as the integrity of the larynx was almost perfect. Notwithstanding this, the patient was much reduced from the loss of blood.

Catherine L——, aged thirty-four, admitted into Manvers ward Dec. 17th, 1861. On admission into the hospital, which took place about twelve o'clock, her countenance was blanched, and the pulse scarcely perceptible. The upper part of her dress was deluged in blood. She was placed on the couch, where she lay nearly inanimate. Brandy was sent for, and two ounces administered, while the house-surgeon proceeded to examine the wound. On removing the bandages, which had been applied previous to her being sent to the hospital, a gash of about four to five inches in length presented itself, situated about midway between the thyroid cartilage and hyoid bone. A search was immediately made for any bleeding vessels, and a large vein, which was believed to be the external jugular, was seen to be bleeding very freely. A ligature was placed on both ends of the wounded vessel, which arrested all the hæmorrhage. No opening into the larynx could be discovered; but air was heard to pass in and out, as though through a very small aperture. Owing to the slight injury done to the larynx, although perhaps contrary to the principles laid down for the treatment of cut-throat, the wound was treated as a simple incised wound, the edges being brought into close apposition by about five sutures, and wet lint applied to the surface. The patient rallied, and continued to do very well.

On the second day there was a little discharge from the wound.

On the third day the discharge had increased. A small bread poultice was ordered for the wound, and the two centre sutures were removed.

Fourth day.—The wound was still discharging, and air could be heard freely to enter it. The remaining sutures were removed.

On the seventh day one of the ligatures came away, and the other one on the following day. The wound began to heal gradually.

During the whole of this time the patient was fed with beef-tea, milk, and eggs; she was also allowed a little wine, as she was extremely weak and low. She remained in the hospital about four weeks, and left on January 15th. The wound had healed, but she had still a very blanched appearance, and seemed very low-spirited. She had been taking a little iron-and-quinine.

The cause of her making this attempt upon her life was not quite clear, owing to the different statements made by her husband and her father; the former attributing it to an insufficient supply of milk for a child she was nursing, which so preyed upon her mind that, in a fit of temporary insanity, she did the deed; the father of the patient believing it to be owing to a fit of desperation caused by the cruelty of her husband.

ST. GEORGE'S HOSPITAL.

EXCELLENT STUMPS OF THE FOREARM IN AMPUTATION, BY MEANS OF MUSCULAR FLAPS AND CIRCULAR INCISIONS THROUGH THE SKIN.

(Under the care of Mr. PRESCOTT HEWETT.)

THERE have recently been several cases of amputation of the forearm at St. George's Hospital which are worthy of special notice, in consequence of the well-covered and excellent stumps which resulted from the manner in which the operation was performed. It consists simply in making a circular incision through the skin of the forearm, drawing it well back, then making flaps of the muscles, and finally sawing through the bones. The healing process goes on with great rapidity, and the ends of the bones have a firm substantial cushion of muscle, which is perfectly covered by the skin. There is no redundancy of material, but a smooth, even, comfortable-feeling stump. The advantage of this is apparent in such a part of

the body as the forearm, where it is desirable to fasten on some artificial means of manual support.

The first operation of this kind was performed by Mr. Hewett in October last for a crushed hand, the patient being up and about the ward in a week. A similar proceeding was practised by Mr. Johnson upon a man, John James B——, aged twenty-eight years, who was admitted into the hospital on the 28th December last. A third case that came under our notice was that of George C——, a horsebreaker, aged twenty-nine, who was admitted on the 6th January with a crushed hand. When we examined him the amputation had been performed ten days: he was sitting up, apparently quite well; the stump had nearly healed, and was in every respect an admirable one. In one or two subsequent cases the same mode of amputation has been practised with equally good results, and we think it one well worthy of trial in other hospitals.

ST. BARTHOLOMEW'S HOSPITAL.

NÆVUS SITUATED UPON THE INNER SURFACE OF THE LEFT CHEEK; EXCISION.

(Under the care of Mr. LAWRENCE.)

WHILST nævi are commonly observed about all parts of the skin of the face, head, neck, and trunk, they are rarely met with in the mucous membrane of the interior of the body. Occasionally they are seen in the lips, and oftentimes involve the skin and mucous membrane together. They have been known to invade the lining of the cheeks, and an instance presented itself at this hospital on the 8th inst. in the person of a healthy-looking young country girl. A distinct vascular tumour of the size of an almond was present on the inner surface of the left cheek, and had been noticed for a long time; it had increased somewhat latterly, and was most inconvenient. Mr. Lawrence laid hold of it with a pair of forceps, raised it from the surrounding mucous membrane, and cut it off with scissors. It bled freely, as was expected; but as it was completely excised, a permanent cure is anticipated.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, FEB. 25TH.

DR. BABINGTON, PRESIDENT, IN THE CHAIR.

ON THE CONNEXION BETWEEN A LOCAL AFFECTION OF THE LYMPHATIC SYSTEM AND CHYLOUS URINE; WITH REMARKS ON THE PATHOLOGY OF THE DISEASE.

BY H. V. CARTER, M.D. LOND.,
PROFESSOR OF ANATOMY AND PHYSIOLOGY, BOMBAY MEDICAL COLLEGE.
(*Communicated by* PRESCOTT G. HEWETT, F.R.C.S.,
Surgeon to St. George's Hospital.)

THE nature of the disease named chylous urine had, up to the present time, remained very obscure. By Dr. Prout it was supposed to be due to some derangement in the processes of assimilation, leading to the formation of a useless chyle, which the kidneys in their turn permitted to pass through them unchanged. Drs. Elliotson, G. Bird, and B. Jones regarded it as the result of a disease of the kidneys. Dr. Beale thought it to be connected with the absorption of the chyle. The author made it his object to show that it was a consequence of a direct admixture of chyle and urine—a leak from the lacteal tract into the urinary. He detailed three cases from which his opinions had been derived.

In the first case, a Parsee youth had much enlarged inguinal glands; and, a little below them, a small, hardly perceptible pimple, from which occasionally issued a milky fluid, and sometimes so copiously that a pint had been collected in the course of a day. Pressure above the spot caused the flow to cease; pressure on it made the fluid spirt out to some distance, as if a subcutaneous space were being emptied. The discharge had commenced spontaneously six months previously, and had ceased and reappeared three or four times. Fourteen months later, both the discharge and the swelling of the glands continued. The fluid, when collected, resembled rich milk, was slightly alkaline, coagulated in about five minutes, and in a few hours separated into clot and serum. The microscopic characters were those of chyle.

The second case was that of an adult Hindoo, who had a peculiar corrugated and tuberculated thickening of the scrotum, which was soft to the touch, and, when punctured, discharged freely a chylous fluid. The inguinal glands were very large and soft, and diminished under pressure. A milky discharge occasionally oozed from many spots of the thickened skin, to the extent of about a pint daily. This flow intermitting, the inguinal glands enlarged. The urine was occasionally chylous, and frequently coagulated. It was observed that the glands became more tumid two or three hours after a meal; but there was no regularity in the urine as to the appearance or disappearance of chyle.

The third case was that of a Hindoo youth, in whom the urine was frequently chylous and sometimes bloody. It occasionally coagulated, and the clots produced a difficulty of micturition. Among other observations of this patient, the fact was noticed that ingesta of flesh or wheaten bread increased the disease.

The author considered the evidence of these cases to prove that the fluids discharged from the skin and with the urine were chyle. He reviewed the proofs as arising from the physical properties, the microscopical characters, and the chemical composition of chylous urine. He alluded to a case under his care, in which the patient could at any time clear his urine of chyle by a day's fasting; and to an observation in another instance of the flow of chyle and swelling of the inguinal glands often occurring two or three hours after a meal. He referred to circumstances of the disease which were not explicable on the generally received hypotheses, but which could be satisfactorily accounted for on the supposition of a direct admixture of chyle with the urine. Differences in the qualities of particular specimens of chylous urine he thought to be due to the different parts of the lacteal system which might have been ruptured in different cases.

ON A CASE OF CHYLOUS URINE.

BY A. T. H. WATERS, M.D., M.R.C.P.,
PHYSICIAN TO THE LIVERPOOL NORTHERN HOSPITAL.

From the rarity of the above disease in this country, and from the imperfect knowledge we possess with reference to the pathology and therapeutics of the affection, the author considered it desirable to bring under the notice of the Society a case which had occurred in his practice, and which had been successfully treated.

The subject of the disease was a seaman, twenty-three years of age, and a native of Bermuda. He applied for admission into the Liverpool Northern Hospital, suffering from retention of urine, in consequence of the coagulation of that fluid within the bladder. He was first placed in the surgical wards, but the nature of his ailment having been discovered he was transferred to the author's care on the 10th of October, 1861. He gave the following history:—

He had been a sailor from the age of twelve years; his health had always been good. A fortnight before admission, whilst on his way from New York to Liverpool, he had retention of urine, and he then found that the urine was of a white colour, and it had continued so from that time. He could assign no cause for the attack, and with the exception of being rather weak he felt well. No evidence of visceral disease could be found. The urine was abundant and of the following character:—

When first passed it was white, with a pink tinge, resembling milk, and having a somewhat similar odour. It was quite free from urinous smell. Soon after being passed it coagulated. The coagulum disappeared sooner or later. After standing, a deposit of blood and muco-pus took place, and a layer of cream-like fluid generally formed on the surface. The urine was slightly acid or neutral when passed. Heat and nitric acid gave a copious precipitate. No sugar could be detected. Ether caused a deposit on the surface of oily particles, leaving the mass below clear. The microscope showed the presence of a large number of fat-globules, many of them very minute. No other abnormal matters could be detected.

The following is an analysis of the urine by Dr. Baker Edwards:—

Specific gravity of specimen, 1012.		
Water		967·3
Solid matter, viz.:		
Fat	9·9	
Urea	6·0	
Albumen, with traces of uric acid	6·0	
Vesical mucus	4·5	
Animal matter, with a trace of ammoniacal salts	4·1	
Fixed alkaline salts	2·0	
Earthy salts	0·2	
		32·7
		1000·0

A comparison of the analysis with that of healthy urine will show that the following substances were in excess, or abnormally present—viz.: water, fat, albumen, and mucus; and that the following were deficient: urea, extractive matters, and the alkaline and earthy salts.

During the treatment the urine passed by the patient at each evacuation of the bladder was kept separate, and at one o'clock daily the specimens passed in the previous twenty-four hours were examined, and the specific gravity and general appearance of each noted.

Progress of the case.—During the first week of treatment the urine continued milky, bloody, clotted, and highly albuminous. The specific gravity varied from 1010 to 1017. The urine was passed, on an average, twelve times daily; the average daily quantity was three pints five ounces.

During the second week the urine continued milky, except on one or two occasions, when it was whey-like. The quantity of blood was diminishing; and some specimens, at the end of the week, were free from blood. The specific gravity varied from 1006 to 1016. The urine was passed, on an average, twelve times daily; the average daily quantity was four pints four ounces and a half.

In the third week the urine was becoming less milky; some specimens were merely turbid, and a few opalescent. During the last two days of the week the blood disappeared. The quantity of fibrin was diminishing, and the urine was decidedly acid; specific gravity, 1005 to 1020; average number of times the urine was passed, twelve; average daily quantity, four pints eight ounces.

During the fourth week the urine was at times quite milky, at others turbid and opalescent; there was a marked diminution in the quantity of fat, as well as of fibrin and albumen. At the commencement of the week the urine ceased to coagulate after being passed, and, except on one occasion, it never coagulated again. Specific gravity 1007 to 1025; urine passed on an average six times daily; average daily quantity, two pints seven ounces.

During the fifth week the urine became quite natural, and remained so up to the patient's discharge. The first perfectly healthy urine was passed at half-past six P.M. of Nov. 11th. Four specimens passed subsequently were slightly "chylous;" but from midday of Nov. 12th every specimen was healthy. Specific gravity 1010 to 1025; urine passed five or six times daily; average daily quantity, two pints one ounce.

During the sixth week the urine continued healthy; it was passed six times daily; specific gravity 1015 to 1026. Only a general record was kept after this date.

The patient was discharged from the hospital on Dec. 17th, the urine having remained perfectly healthy for five weeks.

Treatment.—For the first week the patient took tonics, quinine and iron, with wine; no improvement followed. Treatment by gallic acid was commenced on Oct. 18th, with a grain of opium every night. The gallic acid was at first given in doses of ten grains three times a day. The quantity was gradually increased until Nov. 1st, when two drachms were taken daily. This dose was continued to the 9th, when the quantity was increased to two drachms and fifteen grains daily, and continued till the 16th, at which time the urine was healthy. The gallic acid was then gradually diminished from day to day, until on the 28th it was omitted altogether.

From the 26th October to the 14th November the patient had a vapour-bath every night. He took a grain of opium every night, and six ounces of sherry wine daily, from the 17th to the 31st October, when both were omitted. The diet was throughout good, consisting of meat, bread-and butter, potatoes, two and four eggs daily, and arrowroot. After the wine was stopped he drank nothing but tea and toast-water.

The patient weighed on the 20th October, ten days after admission, 8 st. 6 lb. From this date he gained flesh: on the 14th November he weighed 9 st. 10 lb.; on the 11th December, a few days before his discharge, 10 st. 6 lb. The total quantity of gallic acid taken by the patient was 7 oz. 48 grs.

Pathology.—With reference to the pathology of the disease, after alluding to the views which had been advanced by Drs. Prout and Bence Jones, the author expressed his opinion that the disease was one of which the main pathological feature is a relaxed condition of the capillaries of the kidneys; that in consequence of this condition, the albumen, the fibrin, the fat, and the blood-corpuscles are filtered from the blood-vessels, and make their appearance in the urine. The author was of opinion that the results which followed the administration of the powerful astringent he used bore out his views. The results were such as might be anticipated from the action of an astringent on the relaxed capillaries. From the time the patient was under observation, it was impossible to say that a permanent cure had been effected. The case, however, showed the value of the remedy that was used, and should encourage us to make trial of it in all similar cases. The author was of opinion that the persistent employment of the vapour-bath was highly beneficial, and he would recommend its adoption in all future instances of the affection.

Dr. PRIESTLEY said that he had a few years ago under his care a case in which the symptoms were well marked. The case excited considerable interest, and was carefully watched. The patient was a boy, eight years old, born in the Mauritius, and whilst there he first had hæmaturia, and then chylous urine. He was sent to England, and during the voyage these symptoms disappeared. But whilst at school he again had hæmaturia, and soon the urine became chylous. The urine was sometimes passed quite fluid, and coagulated afterwards; at other times partly fluid and partly coagulated. He had often retention from blocking up of the urethra by coagula, and catheterism was required. He learned to relieve himself by pulling away pieces of fibrinous coagula from the urethra. There was very little variation after food. The urine always contained a good deal of blood. On microscopical examination of the chylous fluid, a great number of small vibriones were found in it, and this, too, when it had been drawn off by the catheter for examination. When recently drawn off, no fat-globules were seen, but they were found in the liquid after it had been kept some time. The patient, growing gradually more and more anæmic, died at length of pure asthenia four months after the second attack. At the autopsy, the body was much blanched. The heart was small, its tissues soft, and its muscular fibres were undergoing fatty degeneration. The liver was large, and also far advanced in fatty degeneration. The kidneys were extremely pale, like the rest of the tissues, and at first sight there was no great difference; but it was found on looking more closely that the little vessels were not seen through the capsule, and on tearing off the latter, the kidney tore, and was soft. The section was pale, and the distinction between the cortical and tubular portion was not so well marked as natural. On microscopical examination, it was found that large portions of the renal tissue were disorganized, and far advanced in fatty degeneration. As yet (Dr. Priestley said) there had been few post-mortem examinations. In this case it seemed that the fatty degeneration was the simple result of anæmia. He could not positively say whether in this case the disease was to be considered one of "chylous urine," or whether it should not rather be regarded as a series of symptoms depending on Bright's disease. He felt inclined to believe that blood had been exuded from the renal capillaries, and that it had afterwards undergone some change. It was, he said, not easy to understand how nitrogenous substances should give rise to fatty, but we were probably not yet acquainted with their changes. Dr. Priestley concluded by thanking the authors for their valuable and interesting papers.

Dr. OWEN REES had watched cases like these, but had not had an opportunity of making a post-mortem examination. He thought that cases of chylous urine should be separated into two classes: one, in which there was blood; and another, in which there was none. In Dr. Priestley's case there was blood in the urine; but he (Dr. Rees) was certain that he had seen cases in which (although he had carefully sought for it) there was no blood whatever. These cases were under his care at a time when he was investigating the nature of chyle; and he then had an opportunity of showing that chyle actually was present in the urine. For his part, from the papers read he could form no conclusions; and, indeed, he felt more confused on the subject than before, although no doubt the cases were well authenticated and well backed by arguments. The views held on this subject were, however, he thought, more perplexing still, on considering a case recently under his observation. He had received a specimen of urine from a patient under the care of Dr. Geo. Burrows, accompanied by a note stating that both albumen and sugar were present in the urine. This, by careful examination, he confirmed. In a case related in the paper, an examination had been made for sugar; but with a negative result. He (Dr. Rees) did not pretend to theorize with precision, but he thought that one point had been overlooked—viz., the influence of the lungs. The striking peculiarity of the fluid which entered the right auricle,—which fluid could hardly be called blood,—had scarcely received that attention which its complex nature required. The fluid, varying very much in character, met from different parts. This fluid, having passed through the lungs, has undergone certain changes, of which, Dr. Rees said, we are extremely ignorant. The chyle especially was much altered. He repeated that he believed the

share the lungs might have in this disease had not been sufficiently considered; and that he felt sure that some other plan than that hitherto pursued must be adopted in arguing out the disease. The existence of sugar in the urine along with chyle was interesting in many respects, and in future should be carefully looked for. Great care was requisite in determining its presence in chylous urine. He had fancied that possibly sugar was a normal ingredient in chyle; but Bernard had examined the chyle of dogs and horses, and had found none.

The PRESIDENT said that the most marked case of chylous urine he had ever seen occurred in connexion with diabetes. He had often observed the urine so loaded with chyle, in cases of diabetes, as not to be able to see the bottom of the vessel.

Dr. WATERS said, in reply, that the case he had reported was a well-marked instance of chylous urine; and considering the turn the disease took under the influence of remedies, it could scarcely be held to be one of organic disease of the kidneys. He thought that a better division than that proposed by Dr. Rees would be to separate the cases into those in which there was organic disease, and those in which there was no organic disease, of the kidneys. In his (Dr. Waters') case there was not only chyle but blood, and yet there was no organic disease of the kidneys. One important result in his case appeared to be that the astringents, &c., acting on the skin, were followed by beneficial results, and produced a temporary cure. This was also very important as showing that there could not have been any great mischief in the lungs or other great organs of the body. Probably, in this case, the only disease of the kidney was a relaxed condition of its capillaries, and that the gallic acid relieved, and thus arrested the elimination of the chyle and blood. Although in this case the quantity of urine had been very great, there was no sugar. Dr. Waters then referred to the case published by Dr. Bence Jones, in which tannin and gallic acid had been given.

MEDICAL SOCIETY OF LONDON.

MR. COULSON, PRESIDENT.

DR. HYDE SALTER related a case of

RUPTURE OF AN OVARIAN CYST INTO THE BOWEL.

The patient was the subject of a rapidly-increasing ovarian tumour. Its rupture into the bowel was followed by the passage of quantities of green fluid by the bowel during several days, and subsequently by complete flattening of the abdomen. The cyst was now filling again.

Mr. ERNEST HART then presented a patient on whom he had successfully ligatured the common carotid artery a year since; and read a

COMMENTARY ON A CASE OF INTRA-ORBITAR ANEURISM, TREATED BY LIGATURE OF THE PRIMITIVE CAROTID ARTERY, AFTER FAILURE OF DIGITAL PRESSURE,

which will be found at page 271 of the present number.

The PRESIDENT said that the thanks of the Society were due to Mr. Ernest Hart for his interesting paper on this important case, which presented a complete and novel view of the subject.

Mr. LAWSON said that he did not observe that Mr. Hart had mentioned, in his collective enumeration of cases, two which had occurred to Mr. Bowman, and for which he had tied the carotid artery. One patient died; the other recovered, and the aneurism was cured.

Dr. GIBB asked whether one of the cases to which Mr. Lawson had alluded was that in which it was understood that after death no trace of any aneurism had been discovered?

Mr. LAWSON said that one of the cases was that to which Dr. Gibb referred. But he was by no means satisfied, although no aneurism was found after death, that none was there before the operation. It was true that no trace of aneurism could be found by the gentleman who made the autopsy; but he thought that the remains of the aneurism had been overlooked, perhaps from want of care in the examination.

Mr. HENRY SMITH said that, in defence of his hospital, he must remark as to the last point, that he had seen the patient before the operation, and had never witnessed any case in which the clinical signs of aneurism were more apparent to the senses. They were all very much surprised when, at the post-mortem, no trace of aneurism was discovered. He was not prepared, however, to cast any imputation upon the manner of conducting the examination.

Dr. ANSTIE said that, in justice to the gentleman who made the examination of the body after death, he must say that it was conducted with great care and perfectly competent skill by one who was well accustomed to that kind of work.

Mr. ERNEST HART said that he was not aware that the second case of Mr. Bowman had been recorded, but would include it in his table of published cases. With regard to the first case to which Mr. Lawson referred, he had purposely omitted to bring it into discussion by mentioning it in his paper, and should have avoided doing so if it had not been now spoken of. It obviously could not be admitted into authentic tables of orbitar aneurism, since no trace of any was found after death, which occurred eighteen days after ligature. He had met with a careful report by Mr. Hulke of the post-mortem examination, which seemed to have been made with great care and minuteness. The state of all the vessels was minutely described, and there was no trace of aneurism mentioned. The utmost pulsation, exophthalmos, and bruit might exist under certain diseased conditions of the ophthalmic and cerebral arteries and veins, without the existence of aneurism; and somewhat similar cases had occurred before.

Dr. SYMES THOMPSON said that as he had himself performed the examination after death, he might be permitted to state that he had carried it through with great care and exactness. He had confidently anticipated finding an aneurism; but after tracing the vessels, was satisfied that there had never been any, and he concurred in the conclusions of Mr. Hart.

OBSTETRICAL SOCIETY OF LONDON.

MARCH 5TH, 1862.

DR. TYLER SMITH, PRESIDENT, IN THE CHAIR.

NOTE ON THE BRONCHO-PNEUMONIA OF LYING-IN WOMEN.

BY ROBT. BARNES, M.D., F.R.C.P.,
PHYSICIAN TO THE ROYAL MATERNITY CHARITY,
ASSISTANT OBSTETRIC PHYSICIAN TO THE LONDON HOSPITAL.

THE following note was appended to the author's memoir on the "Thrombosis and Embolia of Lying-in Women," read at the February meeting of the Obstetrical Society:—

The author stated that observation had long made him familiar with the fact that lying-in women were liable to a peculiar form of broncho-pneumonia. It had been generally considered that the pulmonary symptoms which arise during childbed were the consequence of the violent straining attending the expulsive stage of labour and of "taking cold." To him this explanation was far from sufficient. As in typhoid fever, so in puerperal fever, the lungs were apt to be involved. In either case the cause was similar. It was observed that a marked characteristic of typhoid fever was the extreme alkalinity of the blood. The urine he had frequently found highly ammoniacal on voiding. A similar condition commonly marked the blood in puerperal fever. On one occasion the author observed that, the bladder being partially paralysed, and the urine consequently retained in the intervals of being drawn by the catheter three times a day, the urine decomposed so rapidly in the bladder as to evolve large quantities of ammoniacal gas, which escaped in a gurgling stream when the catheter was introduced. These circumstances, with others which need not be enumerated, indicated a dyscrasia of the blood which must produce certain irritating effects throughout the body. The diarrhœa of puerperal fever, and the diarrhœa which frequently happens in childbed apart from overt fever, were the simple effect of the irritation of the intestinal mucous membrane by the septic or other offending matter circulating with the blood. Peritonitis arose in the same way. Accompanying this diarrhœa, or apart from it, we might have broncho-pneumonia. This, in like manner, was simply the effect of the irritation of the bronchial mucous membrane or parenchyma of the lungs by the same offending matter. In some of these cases the breath of the patient had possessed an odour distinctly resembling that of the foul lochial discharges. It was by the complication of this form of pneumonic irritation that the author accounted for the fatal acceleration of phthisis after labour. This form of broncho-pneumonia was distinct from that which immediately resulted from capillary embolia.

Mr. BALLARD said that although Dr. Barnes did not dwell upon the cause of the formation of the thromboses, he thought, as a practical point, it was one that might be advantageously discussed. He believed all authorities admitted that absorption of pus or putrilage from the unhealed internal surface of the uterus was a principal cause of puerperal disorder,

by producing coagulation and infection of the blood in the surrounding veins. It was also generally known, that irritation of the mammæ produced uterine contractions. Now he was under a strong conviction that the mammary irritation which resulted from the efforts to obtain milk from the breasts during the first two or three days after delivery produced that disturbance of the uterus which gave rise to the absorption of pus, and thus to the formation of blood-clots in the neighbouring veins. According to his own experience, no milk was secreted until a period of forty-eight hours after delivery; and in all cases where no means had been employed to obtain it before then, and even after the development of the secretion, excessive irritation of the breasts had been avoided, there had been a complete immunity from puerperal disorders of even the mildest kind; and in all instances of puerperal disorder which had come under his notice, one or both of these precautions had been omitted. He knew that it was the general teaching that the child should be put to the breast immediately after delivery, and as this rather encourages than forbids an assiduous application of it afterwards, he was of opinion that a modification of that practice, and a more general recognition of the dependence of puerperal disorder on mammary irritation would tend much to the prevention of these disorders.

Dr. TANNER observed that Mr. Ballard's views were so startling, that he thought it would be better for this gentleman to embody them in a paper for the Society, so that they might be fully and fairly discussed.

Dr. BARNES said that what he meant by the term "causes of the coagulation of the blood in the living vessels," was the immediate causes; and he alluded to the several theories of Richardson, who held that the fluidity of the blood was preserved by ammonia, and of others. The question of thrombosis and embolia was a large one; it belonged to general pathology even more than to obstetrics. He could not, therefore, conveniently do more than give a clinical illustration of the subject in its bearing upon puerperal pathology. That the etiology of thrombosis and of other forms of puerperal disease was one deserving of special study, all would admit; it might also be admitted that one source of puerperal mischief arose from the infection of the blood by the foul matters retained or formed in the uterus after labour; but he was not prepared to hear the doctrine just advanced, that this infection was promoted by applying the child to the breast. The constant aim of the obstetric practitioner was to aid the expulsion of offensive matters by stimulating the uterus to contract. Not only in the puerperal state, but at other times, excitation of the breasts was one of the most efficient means of producing this effect. By it hæmorrhage was restrained; clots, which if retained might putrefy, were expelled; and thus the patient was secured against the very dangers which placing the child to the breast early was accused of promoting. Surely if this theory were true, puerperal diseases would be more frequent. In the Maternity Charity last year upwards of 4000 women were delivered; not one died of puerperal fever; yet he had no doubt that the practice of applying the child to the breast very soon after labour was very generally pursued.

Rebiews and Notices of Books.

On Dropsy connected with Disease of the Kidney (Morbus Brightii), and on some other Diseases of those Organs associated with Albuminous and Purulent Urine. Illustrated by numerous Drawings from the Microscope. By W. R. BASHAM, M.D., Physician to the Westminster Hospital, &c. Second Edition. pp. 347. London: Churchill.

WHEN Dr. Basham's work first appeared, we (THE LANCET, Oct. 30th, 1858) pointed out the position which its author might fairly claim amongst the several pathologists whose labours have advanced our now considerable knowledge of diseases of the kidney. We maintained that position to be a very good one, being based upon the successful working out of the problem, that attention to the microscopic character of urinary deposits would at any time in the course of the malady enable the practitioner to estimate some of the most important features of the disease. By it Dr. Basham had shown that the nature and intensity of the affection present, its advance or decline, its form and its probable termination, might be satisfactorily settled. Further experience has confirmed the author in the truth of the views originally broached by him, and he has in the present edition produced a large amount of new matter to prove that the record of the micrology of the sediments in albuminous urine will be found essentially the safest guide to treatment.

"Upon one point the author has seen reason to modify the opinion formerly expressed, that a state of inflammatory engorgement is universally the primary or antecedent stage of every form of morbus Brightii. There are clearly exceptions to this statement, although it is believed that the absence of this symptom will be found chiefly in that form of the disease which produces the so-called waxy kidney, and is associated more particularly with phthisis, cancer, and other exhausting diseases."

Concerning the curative influence of certain remedies, and of the relief even of the most unfavourable cases of Bright's disease, if properly managed at certain stages, Dr. Basham speaks with more confidence than he was able to do before.

"The subject of renal abscess from calculus of the kidney has been amplified by the addition of several interesting and instructive cases; and tubercle of the kidney and its diagnosis have been further illustrated by cases and plates exhibiting the characteristic post-mortem appearances. A chapter has been added on Hæmaturia as a Diagnostic Symptom of Malignant Disease of the Kidney or Bladder."

The well-coloured drawings above alluded to are, we may say from personal experience, faithfully illustrative of suppurative tuberculosis of the kidney. In addition to these the value of the present issue has been augmented by an increase of more than a hundred pages of letterpress. We are glad to find that the profession has so fully endorsed our former favourable opinion of Dr. Basham's treatise as to call for another edition within scarcely more than three years from its first appearance. There only remains for us to repeat our old commendation of it, with the assurance that the author has now further added to the practical qualities of which his very useful book could previously boast.

The Popular Science Review: a Quarterly Miscellany of Entertaining and Instructive Articles on Scientific Subjects. Edited by JAMES SAMUELSON. Nos. 1 and 2: Oct. 1861, and Jan. 1862. London: Robert Hardwicke.

AVOIDING, upon the one hand, the dry technical aspects of the journals devoted to single branches of science, and, upon the other hand, the abstract scientific character of those few and expensive serials which are wider in their range, this new candidate for public favour boldly enters upon new ground. The more attractive departments of knowledge are chiefly dealt with; and these are treated of and illustrated in so simple yet so sufficient a way, as to permit of those who are neither professed physiologists, zoologists, chemists, nor botanists, becoming really well acquainted with the topics which are here discussed. Good science—i. e., science to be depended upon—and easy and perspicacious teaching of it, here go hand in hand. Nor are we altogether surprised at meeting with so desirable a union, seeing that amongst the contributors to the two parts already published are to be found Messrs. Austed, Gosse, Hunt, Lewes, &c. Science has been represented by them as popular as it can well be, supposing the science to be worth having. Art, too, has been canvassed for her aid, and she has well responded; for the engravings are to the point and abundant, and in execution often more than good. This is particularly the case with respect to the illustrations by Messrs. Ford and West, in which the appearances under the microscope of a drop of water containing minute organisms are as naturally portrayed as we have ever witnessed. The article contributed by Mr. Lewes in the January number is upon the "Reflex Theory and Dr. Marshall Hall," and its perusal may be recommended to more than boys in science. The paper which follows Mr. Lewes's is by Mr. Hunt, upon "Solar Chemistry," and is able to inform not a few even of those who think themselves well up in progressing science. There is only one

point upon which we would caution the editor of this praiseworthy undertaking, and that is, to beware of overdoing the microscopic department, and of allowing the *Review of "Popular Science"* to degenerate into the Journal of Microscopic Organisms. The *Review* must not show more favour to one branch of science than to another, provided the latter admits of short and popular exposition. And what can be done with most sciences now-a-days we need scarcely say. Plants and animalcules are all very well, but they do not constitute all the subject-matter of science. The latter embraces the consideration of other objects besides living beings. As yet, the editor, we are bound to admit, has recognised this truth, as the memoirs upon "Solar Chemistry," the "Optical Phenomena of the Atmosphere," "Iron and Steel," and "Artificial Light," bear witness. Nevertheless, we have experienced the feeling, whilst perusing the numbers before us, that the balance may not always be as well kept as it is in them. We hope to find that our suspicion has been wrong, and that the *Popular Science Review* will show no favour to one branch more than to another. In the meantime, we strongly recommend the heads of families and school libraries, and tyros in science, to become subscribers to the new journal which emanates from Piccadilly. As a mere table-book it will amply repay them.

A Glossary of Mineralogy. By HENRY WM. BRISTOW, F.G.S.; of the Geological Survey of Great Britain. 8vo, pp. 420. London: Longman. 1861.

THE student in physical science has long desired a book combining facility of reference with a concise and familiar account of all the known minerals. This want is now fully supplied by the present work, which is not a mere glossary, as its title would imply, but is intermediate between it and a manual. The first fifty pages contain a description of the general characters of minerals, their various properties, composition, and classification; whilst the Glossary professes to give information upon every known mineral substance, and this information is as complete as the present state of our knowledge will allow. Without adding much to the bulk of the work, the list of localities of some of the species might have been judiciously extended: thus Fulgurites are not confined to Cumberland and Lancashire, but have been discovered in Germany, Natal, Mexico, Canada, and South America. The author does not appear to be aware that Lapis lazuli has been found in Britain; a fragment of considerable size was recently met with in the basalt of the Titterstone Clee Hill, a portion of which is to be seen in the National Collection. Notwithstanding these slight omissions, the author's task has been ably executed, and his work will be much in request.

The Placenta, the Organic Nervous System, the Blood, the Oxygen, and the Animal Nervous System, physiologically examined. By JOHN O'REILLY, M.D. &c. pp. 204. New York: S. S. and W. Wood. 1861.

THIS book is prefaced by a handsome selection of literary commendations and private testimonials. Our readers must accept the book itself and these notices for what they are worth. They are no doubt highly satisfactory to the author. He may well be pleased at having produced a work that can call forth such flattering opinions from sources so intelligent and impartial. For ourselves, who shrink from painting the lily, *verbum non amplius addemus.*

An Essential and Simple Remedy for Scarlet Fever and Measles. With an Appendix of Cases. By CHARLES WITT, M.R.C.P., &c. Third Edition. pp. 31. London: Davies.

THE author maintains that the death-rate from scarlet fever and measles, for the last ten years, has been "frightful." This result he considers to have been dependent upon the insufficient treatment generally adopted. A serious amount of responsibility will, therefore, continue to rest upon those who will not adopt a better therapeia now that Dr. Witt has pointed out one to them in the shape of the administration of the carbonate of ammonia. At least, this is Dr. Witt's opinion.

Death of several Horses from Feeding on Oats affected with Fungi. By Assistant-Professor VARNELL, of the Royal Veterinary College. With several Cuts. Reprinted from the *Veterinarian* of February, 1862. pp. 14.

THE report of Professor Tuson, contained in the present memoir, will be found interesting by the medical practitioner as tending to prove that the symptoms observed in the horses that died subsequent to their eating certain oats are comparable with those exhibited by animals suffering from the effects of an overdose of ergot. The memoir is also generally instructive.

THE MEDICAL ACT AND ILLEGAL PRACTICE.

To the Editor of THE LANCET.

SIR,—I am glad my suggestion of an amended penal clause in the Medical Act meets the approval of your correspondent, "Y. Y. Z.," in your number of the 8th inst., p. 262. It would, no doubt, be improved by legal acumen; but I think *remuneration* for illegal practice should not form an element necessary for a conviction.

I feel persuaded that if the Medical Council and Parliament itself would consider the injustice done to the profession, and the injury inflicted on a credulous and ignorant public by illegal practice, we should have a remedy without delay.

The subject is painful to a well-regulated mind, and disheartening, not to say disgusting, to those who have spent so much time and money in qualifying themselves for an honourable and arduous profession. As your correspondent truly says, matters have even been made worse by the Medical Act, with its additional impositions.

By the way, the obligation to possess a copy annually of the Medical Register would be more imperative and less irksome to the profession did we obtain an amended Act which would render its production in a court of justice of some real utility to us.

Surely the Medical Council, as the guiding head of a profession,—which has at length, for some practical good it is to be hoped, been recognised by the Privy Council and the State,—will awake from its lethargy, and, alive to its high mission, realize the absurdity of bestowing the chief part of its attention on the *education* of the profession, when it ought to know that any pretender, without education at all, but with a sufficiency of impudence and a sufficient lack of principle, may, in a country district especially, where notoriety is cheap, obtain a footing on equal terms with the qualified practitioner who has the misfortune to reside in the same locality; and this not only amongst the more ignorant class of the community, but even amongst the better-informed portion of the higher and middle orders of society. Such, however, is a melancholy fact; and let it not be said there is something wrong with the regular practitioner in such cases.

This argument only betrays great ignorance of the gullibility of mankind with reference to quackery. Nor is it other than the worst policy for an educated man to oppose this state of feeling by any active hostility. The cry of "persecution" is immediately raised, and his object only more certainly defeated. This, Sir, is no exaggerated representation; I could substantiate every word by examples, and I have no doubt many honourable men could confirm my statements.

Let a united effort, then, be made by the Medical Council and the profession generally, to get the Medical Act so amended as to put an end to this detestable system. Let not quackery any longer make dupes of those who are not able to judge for themselves. Let the senseless outcry for free trade in medicine be limited by a regard to justice and common fairness, as well as to the interests of the community. Let the quack be taxed, as in equity he ought to be, and let an adequate fine be imposed, which those who prefer his services shall enable him to pay, through the exactions he makes at their expense.

I am, Sir, your obedient servant,

March, 1862. W. R.

THE LANCET.

LONDON: SATURDAY, MARCH 15, 1862.

THE history of medical journalism records few achievements more striking or more gratifying than the revolution effected in the conduct of life-assurance companies towards the medical profession. It is now eleven years ago when, wearied with the constant iteration of the general principle that professional services ought to be remunerated, and with the exposure of individual repudiating offices, we entered upon the bold and practical policy of urging upon our readers the necessity of devoting all their influence to the establishment and support of one association that frankly and fully recognised the just claims of the medical profession. Never was an undertaking crowned with more signal success. From the moment that the weapon of competition was thrown into the scale of argument, reason dawned upon obdurate directors. Then was it that the immense moral weight of medical practitioners was felt. The old offices which had hitherto, with the utmost tranquillity, been asking and receiving gratuitous medical opinions to guide them in their profitable commercial undertakings, became sensible that these opinions had a pecuniary value. The body of the profession were now placed in a position to act upon their just rights. In declining to recognise and to strengthen the iniquitous pretension that commercial companies could claim, without remuneration, professional services, the medical practitioner was no longer placed under the painful predicament of disabling a friend or client from effecting an insurance. He was liberated from that stigma which the offices cunningly but most unjustly threw upon him. He could not only point out to his client that the difficulty was solely created by the unreasonable conduct of the company that wanted professional skill and yet refused to pay for it, but he could at the same time refer him to an office which, acting upon the opposite principle, would admit him to equal if not superior advantages. It is our deliberate conviction, based upon observation long antecedent to the event referred to, and confirmed by the experience of its magnificent results, that but for the origination of the New Equitable Company this great question would, at this day, have made no progress worthy of note. All that abstract justice could urge had been enforced over and over again. The one, plain, simple answer to all our demands for remuneration for the professional services the companies exacted, was the fiction that those services were rendered to the proposer, and the attendant threat that the refusal to give gratuitous advice would involve the medical practitioner in a rupture with his patient. The effect of competition, however, was a conversion marvellous for its speed and extent. In August, 1850, we published a list of twenty-three offices—all that could be found, and some of these even doubtful adherents—which admitted their liability to pay for medical advice in the selection of lives. Since that time the contest has been carried on with a decided superiority of force on the part of the profession. Triumph has followed triumph in rapid succession; and we can now point proudly to the goodly array of upwards of a hundred offices which have consolidated their own position, and fortified themselves in the confidence of the public by accepting the private medical referee as their own officer when consulting him. A victory so complete relieves us henceforth from the necessity of occupying that exceptional position which the truculent tyranny exercised by the great offices over the profession twelve years ago led us to take up. The New Equitable was the sword with which we fought the battle of the medical profession. The triumph being achieved both for the profession and for the office which nobly trusted for its success to the body to whose cause it was allied, it has now become just and politic to lend equal and impartial support to all those offices of credit which have given in their frank adhesion to the principle which it has been our constant aim to establish. We, therefore, with unfeigned gratification publish the extended list of offices, which will be found at p. 288.

It would be difficult to present an accurate account of the sums that have been gained to the profession by the triumphant issue of the course adopted by THE LANCET. We are not desirous of dwelling especially upon this gain, great and important as it is, for the profession of medicine less than any other can afford to be mulcted of its just dues. Our chief satisfaction is derived from the consciousness that the advantage to the medical profession is simultaneous with the increased safety, stability, and certainty that have accrued to the practice of life assurance. Medical selection is the very root and foundation of life assurance. It is of the first importance for a company that seeks to be secure to use the utmost circumspection in the investigation of the health of proposers. To trust to the evidence brought by proposers would lead to certain ruin. The office itself must test and sift the evidence; it must enter into direct communication with the private medical referee, and adopt him as their own officer for the time being. On no other terms can they expect the private medical referee to undertake a task often difficult, and always troublesome and responsible.

The following offices, all of high reputation, are eminently entitled to the thanks of the profession for early and effectual recognition of our claims—namely, the London Equitable; the Alliance; the Britannia, which claims to be the first office to pay medical fees; the British Prudential, which has extensive operations amongst the industrial classes; the Clerical, Medical, and General, which consults the private medical referee in every case, and has for some time past thus paid to the profession nearly £1000 a year; the Metropolitan, the Guardian, the Norwich Union, the Royal Exchange, and the Westminster and General.

It is our intention to publish from time to time revised lists of offices that conduct their business upon the safe and equitable principle of consulting and paying the private medical referees. We therefore invite information upon the subject.

FUTURE parliamentary representatives of the people should learn, as the first article of their political catechism, the statement made by Lord STANLEY at Leeds a short time ago:—

"The greatest and the most tangible good," said the noble Lord, "that can be conferred upon a people by their rulers is to improve their sanitary condition: for health is the poor man's capital; aid to preserve him in its possession and enjoyment, and you aid not only in preserving him and his from destitution and ruin, but you aid in holding him with all his energies and capabilities intact and unimpaired, to advance in

his career onward and upward, for his own and his country's benefit."

The nation is now reaping the advantages of the practical results of this doctrine, however incompletely it may yet have been carried out; and no statesman of the time to come may hope to achieve permanent position and fame who is not prepared to employ in practice, as well as to yield in theory, the great and fundamental proposition of Lord STANLEY. We can now point to our "Great Metropolis," and say, "Behold! "this is the largest city of the world: a century or so ago it "was the most unhealthy. Other cities have endeavoured to "surpass us, but in vain; we are still the great Babylon of "the earth, and, moreover, we are now the most healthy." We have widened our streets, and the plague has ceased to visit us; we have made sewers and enforced cleanliness, and dysentery and scurvy have disappeared and fever has diminished; we have provided purer water as drink, and cholera has lessened its hold upon us. We have done other good things like these, and have reaped such advantages that we may well say, in the words of the Registrar-General:—"The nation "exults justly in the progress of its manufactures; but the "progress of its manufactures is surpassed by the progress of "the health of its capital." By the necessities of its very vastness, the density of its human agglomerations, the struggles of its inhabitants for subsistence, the results of its vice, its squalor, and its crime,—indeed, from the very exaggeration of "the great town system" so prominently existing in London, our city would appear to be redolent of all that threatens health and life, not to say longevity. And yet, thanks to the progress of modern sanitary science, London can now not only compare advantageously with herself a century ago, but can enter the lists with many of her sisters of the rural districts of England.

"The average annual mortality of the civic population of England during the last ten years was 2·563 per cent.; that of London, 2·425. The difference, ·138, on a population of 10,000,000, represents 13,800, the annual national loss of life from the average inferiority of the civic sanitary arrangements to those of London—a destruction of human life to be accounted for in no other way. In 1859 London mortality had declined to 2·230—that is, under the average of all England, which was 2·232 per cent.; and under some of the agricultural counties, Nottinghamshire (2,488) for instance: a fact which should completely dispose of that excuse for corporate apathy and negligence—the pretended providential law that country must necessarily be more healthy than town."

That locality must be gloriously placed by nature indeed which will permit with impunity of its denizens being consolidated together, whilst neglecting the indications of hygienic laws. Sensible as Londoners—speaking generally—are of the value of sanitary regulations, the results of this knowledge are very unequally distributed. The consequence is, that ignorance turns out to be very far from bliss, and that many of the people are neither happy nor wise. A glance at the sub-districts of London will afford full illustration of this. Northern London, for example, is well drained, has good water, and hence approaches more and more closely to the average of the healthiest agricultural districts. South London and East London are comparatively inferior in these respects, and have a death-rate approaching that of the worst portions of England. But this is owing less to defective sanitary improvement—for sanitary works in these districts have been carried out at least as actively as elsewhere—than to the hazardous and precarious occupations of the poor, who are massed together in overwhelming proportions. If we look, also, to other towns, and compare their sanitary doings with their state of salubrity, the comparison will be found equally suggestive. Aberdeen, *e. g.*, is a well-sewered town, whilst Greenock is a bad one. In the former, 211, in the latter, 352 out of every 10,000 inhabitants, die within the year. Whilst Ely has improved, and its mortality has been reduced below that of the surrounding country parishes, Cambridge, a few miles distant, has remained stationary, and hence the fact of its death-rate continuing above that of its neighbours. It is almost unnecessary to point out to our readers where they should look for abundant and verified proofs of the increasing value of life proportioned to attention to social hygiene. The Reports of the Registrars-General of England and Scotland are the short-hand archives of our sanitary history. "What a good police is for the detection of crime a "system of registration of births, deaths, and marriages is for "the exposure of the enormous evils occasioned by ignorance "or neglect of the moral and physical laws of human exist-"ence." There is one portion of Great Britain which lacks this detector and measurer of social progress—a registration system. That portion is Ireland; and

"Strangely enough, too, while she is the only civilized country in Europe having that want, she is at the same time the one of all others which most needs such a national record, for in none other has there been, during the last twenty years, so large a disturbance of the population by emigration, or destruction by famine and epidemics, and, therefore, nowhere may estimates, founded upon decennial census returns, become more deceptive and erroneous.....Our statistics, necessarily imperfect as they are, force upon the mind of every reader the conclusion, that the sanitary condition of our cities and towns is not only far below the London standard, but is worse than that of the worst class of towns in England."

The words which we have quoted are those of a "Preliminary Sanitary Reform Committee,"* which is taking initiatory steps for promoting a full discussion of the necessity for town improvement in Ireland. Aroused by the fact, that the Dublin rate of mortality, however much higher it may be, cannot possibly be less than 2·86 per cent., whilst the aggregate of the civic districts of Ireland is 2·75; and believing that no good reason could be shown why Dublin, with her fine squares and aristocratic streets, should not be at least as healthy as the worst district in London, some well-wishers to their country combined together to carry out a good work. They now seek the counsel and co-operation of sanitary reformers upon the entire subject of town improvement in Ireland, hoping that at an early day an effective organization may be formed by them to influence public opinion in favour of measures so essentially necessary as these for the protection of the life and health of the general community. The large area of rateable property in the more important towns of Ireland should be able to furnish ample means for favouring public improvements of every kind, and hence difficulty ought not to exist as to their immediate reformation. With regard to smaller and poorer communities, obstacles no doubt present themselves; but so they do everywhere.

"In England, the Registrar-General has repeatedly reported that, while London and the other large cities are gradually

* The Towns Improvement Act and Sanitary Reform in Ireland, issued by a Preliminary Sanitary Reform Committee. Dublin, 1861.

progressing, many small towns remain stationary, with the necessary result of becoming comparatively unhealthy. We need have little difficulty in accounting for this. Small towns yield but small municipal incomes, and these are usually administered by small men, who cannot see much further than to the end of the street in which they reside, or understand that there can be any evils save those which, as we may say, knock against them or trip them up."

And if there are circumstances which militate against improvement in England, they are of course enormously, overwhelmingly increased in the sister isle. It is with regard to these especially that we invite the attention of our social reformers, as well as to the able discussion of them in the pamphlet of this new Irish Sanitary Reform Committee, for which body we earnestly solicit assistance, and trust it may meet with success.

Medical Annotations.

"Ne quid nimis."

LACERATION DURING LABOUR.

A most painful inquiry is now in progress before the magistrate of the Thames Police Court, concerning the conduct of Mr. F. Robinson, surgeon, of Limehouse, in the treatment of a lying-in woman. The maltreatment charged is of a very horrible and indeed inexplicable character. But there is some reason to complain of the course pursued in dealing with the case. In the first instance, where death has occurred of any person under medical treatment, and suspicions exist that the death was due to want of skill, gross neglect, or the like, the legal mode of procedure is to apprise the Coroner of the circumstances, and to call for an inquest on the body. It is at this inquiry that all the particulars of the death can be properly investigated; the body examined by experts; the evidence taken of the witnesses who can depose to the circumstances attending the death. But here an attempt was made to supersede the Coroner's inquiry by that of the police magistrate. The surgeon was seized, taken before the magistrate, and remanded on bail before the Coroner's inquiry had occurred. The magistrate is even said so far to have carried this stretch of authority as to have issued an order for the examination of the body—an order which he has not the right to issue, and involving an expenditure which he has no licence to incur. Apart altogether from the merits of the case, it must be observed that it would be an abominable injustice if police, acting on the information of the relatives of any deceased person that they believed the death was due to improper treatment, should follow this precedent of seizing the surgeon, bringing him before a police magistrate, and charging him at the bar of the public criminal with manslaughter. The most complete vindication of his character could never efface the stain of such a charge so preferred; the most ample acquittal could never compensate the innocent man for the injury so inflicted. The law provides a perfect instrument, the Coroner's Court, at which such inquiries can be conducted without imputation upon innocent persons, with admirable machinery for eliciting the truth and for reaching the guilty. The Police Court is in every way unfit for the preliminary investigation which is necessary. Subsequent to the charge at the Police Court, an inquiry has been instituted before Mr. Humphreys, Coroner, and a jury. Mr. Gay, Mr. Horton (divisional surgeon to the police), and Mrs. Nicholas (the midwife), were examined. Mr. Gay had found at the post-mortem a laceration through which the ends of the small intestines had passed. He ascribed the death of the deceased to the loss of a large portion of the intestines. Mrs. Nicholas, the midwife, swore distinctly that she saw the surgeon remove a large part of the intestines, cutting them with scissors. The Coroner adjourned the inquiry to allow Mr. Robinson to produce evidence. It was later determined to take the opinion of Dr. Barnes. Accordingly, on the 13th this gentleman was called by the Court. Dr. Barnes carefully restricted himself to replying to questions put by the Coroner and jury. He said it was possible for rupture to be caused either by the action of the womb during the expulsion of the child, or by the hand of the accoucheur afterwards. Ergot would increase the risk of laceration; it might also increase the difficulty of removing the placenta. In answer to the question whether intestine might be mistaken for umbilical cord, he said it was so unusual a thing to find intestine in the vagina, and so natural to find cord, that a man not having all his senses about him might possibly make the mistake, especially when the intestine had been stretched by pulling and twisting. Had the intestine not been cut off, it would have been possible for the woman to survive; he had known a case in which recovery followed protrusion of the intestine. A verdict of "Manslaughter" was returned against Mr. Robinson.

MEDICINE AND SURGERY AT CAMBRIDGE.

At a recent meeting of the Senate, the regulations lately proposed by the Board of Medical Studies, and submitted for adoption by the Council of the Senate, for medical and surgical degrees, were confirmed, except as regarded the 16th section, affecting the degree of Master in Surgery. This provided that the candidate for the degree should keep one act in the public schools after passing the examinations, the professor of anatomy or his deputy, and one at least of the two additional examiners, presiding. The candidate to read a thesis, composed in English by himself, on some subject approved by the professor and examiner; the professor and examiner presiding to bring forward arguments or objections in English for the candidate to answer, and to examine him in English viva voce, as well on questions connected with his thesis as on other subjects in the faculty of a more general nature; the exercise being made to continue at least one hour. This section was rejected by 21 non-placets against 11 placets.

It will be remembered that a fortnight since we had occasion to commend the general scope of these regulations, and to express our strong objection to the section which has now been rejected. It would certainly have tended to compromise the popularity of the degree by imposing a useless and inconvenient distinction. The profession and the University are indebted to Dr. Humphry for the personal support which he gave to their views, and the success with which he urged the objections to this provision.

THE LATE MR. JAMES ROBINSON.

"Some men achieve greatness, some have greatness thrust upon them." It cannot be said that the late Mr. Robinson either achieved greatness or had it thrust upon him. Yet it may be truly affirmed of him, that he had raised for himself a reputation solely by his own exertions, and had endeared himself to a large circle of friends by his genuine kindness of heart and his hand that was ever open for the relief of distress. The melancholy termination of his life may have added somewhat to the general sympathy which has been accorded to him. But the man had so many of the qualities which attract friends and inspire admiration, that we can attribute the sorrow manifested at his untimely end to his sterling good qualities, his self-dependence, and his genial disposition. Without the advantages of early education, without the patronage of family connexion, he raised himself to a position among dentists which few men have attained. He was unrivalled in mechanical skill, and had the rare quality of acquiring the implicit confidence of his patients. Ever energetic, he threw the whole powers of his mind into the object which he sought

to gain. At first almost unaided, he succeeded in founding the College of Dentists and the National Dental Hospital, institutions whose interests he had much at heart, although the policy of establishing them has been warmly and rationally questioned. Though in style he was neither classical nor perfect, no man had a happier method of embodying his thoughts in practical language. Fearless and suggestive, he was the first in this country who employed anæsthetics in the practice of dentistry. In private life he endeared to himself all those who came into contact with him; or if they were opposed to his views, and acted against him in his designs, they could not but admire his singleness of purpose, his indomitable courage, and his indefatigable perseverance.

That such a man should be lamented both by the profession and the public is natural; and that his funeral on Tuesday last should have been numerously attended and become almost of a public character might have been anticipated. Seldom has the picturesque cemetery of Highgate witnessed a more impressive or more imposing ceremonial. There were congregated many of his attached friends of the medical profession, deputations from the institutions which he had mainly founded, dependants upon his bounty, and representatives of the public press. The body of James Robinson was borne to its last resting-place accompanied by this unusual attendance of mourners.

His career offers a striking illustration of the facilities which our free country renders to a man who devotes himself heart and soul to his calling; and it may afford to many struggling with early difficulties a lesson and a moral.

THE TRANSMISSIBILITY OF SYPHILIS.

THE questions involved in the discussion of the transmissibility of syphilis by vaccination touch necessarily the largest interests. This is not a question of merely a refinement in science, or of a minor improvement in practice. The confidence of the medical profession in vaccination has hitherto remained unshaken. The untold blessings which that proceeding has conferred on all the nations of the civilized world are a subject of deep joy and thankfulness to the true physician and philanthropist. The exceptional cases lately cited in support of the transmissibility of syphilis by vaccination have received at some hands a grave interpretation, which must not hastily be adopted. Precipitation and partizanship are to be earnestly deprecated in this question. The medical officers of health of this metropolis are doing well in turning their attention to this subject, which deeply concerns preventive medicine. It calls for careful and conscientious inquiry, to which we may advance without fear; but by rashness serious interests may be compromised. Facts are being accumulated, and in a forthcoming number of THE LANCET Mr. Henry Lee, *facile princeps* of British syphilographers, will undertake their analysis by the existing lights of science.

A WASTE OF WATER.

WASTE is a term of reproach, and, therefore, may be applied by way of objurgation to any form of expenditure, of which the reason is not clear and sufficient in the mind of the objector. Water cannot, in our opinion, be said to be wasted when it is applied to one of its most valuable uses—the flushing of drains, and consequent protection of the public health. This important principle has been successfully defended by Dr. R. B. Cooke, of Scarborough, against the Water Company of that town. Dr. Cooke was in the habit of occasionally allowing the valve of a water-closet in his house to remain open for flushing the drainage-pipe. To this purpose the Water Company objected as being beyond the fair use of water. They called upon Dr. Cooke to accept a service of water by meter, and pay an additional rate. Finally, they sought to obtain a decision of the magistrates, imposing a penalty for this "waste" of water. The Company's case broke down altogether. In the able speech of the counsel for the defence it was observed that

"Dr. Cooke's object in defending this summons was not merely because personally he regarded the whole proceeding as most improper and arbitrary, but also because, as a medical man deeply interested in the health of Scarborough, upon which its prosperity so much depended, he was anxious, on public grounds, that the inhabitants of that town should know four truths:—1st. That the practice of the Water Company's inspector of visiting water-consumers' houses without twelve hours' previous notice was directly against Section 77 of their Act of Parliament, and nothing more nor less than an impertinent trespass. 2nd. That the Company's Act gives them no power whatever to compel the inhabitants of Scarborough to take water by meter—a course obviously opposed to public health and public policy. 3rd. That Section 80 has in point of law no application whatever to waste of water in a private residence. 4th. That the occasional flushing of a water-closet pipe, or offensive drain, is, so far from being any offence, a strictly legal, highly proper, and most meritorious use of water."

DESCRIPTIONS
OF
NEW REMEDIES
INTRODUCED INTO THE PRACTICE OF MEDICINE,
WITH THEIR THERAPEUTICAL EFFECTS.

No. VI.

PODOPHYLLIN—(*Continued from p. 210.*)

HAVING briefly stated the American evidence relative to the remedial properties of podophyllin, we proceed with the observations made upon its use in this country. The following is from Dr. Gardner:—

"My attention was drawn to the subject of podophyllin in the year 1856 by a brief paragraph in some periodical—I think American—stating that Dr. Glover, of Massachusetts, had found it to be a remarkable cholagogue in doses of one grain. I wrote to Dr. Glover, who kindly replied, with such further information as he possessed. A very small quantity only was procurable in London; I therefore imported several ounces from New York, manufactured by B. Keith and Co., and immediately commenced experiments with it on the persons of the *employés* of the Apothecaries' Company, with which I was then connected, and on my patients; and furnished several practitioners with samples. The stock was soon exhausted, and a quantity was then purchased in London. The latter I have no doubt was diluted to a great extent by some vegetable powder, as it was tried, and disappointed the expectations of the experimenters. Subsequently a larger supply was obtained from Keith and Co.; and a wholesale house imported it, made by Tilden and Co., of New York and Lebanon. Considering the small amount of the dose, a very considerable quantity has been brought into England. At the same time, several pharmaceutists here have prepared podophyllin by the American process, and I have reason to believe with success.*

"From 1856 to the present I have constantly employed podophyllin in my practice, and the result of my experience is as follows:—

"1. I know no other substance which so certainly produces bilious evacuations when the liver is full of bile; I do not even except calomel: a full dose—namely, two grains (when pure)—producing effects very similar to those resulting from ten grains of calomel. I have seen jaundice, where the stools exhibited

* It is much to be feared that, in consequence of an article in the *Pharmaceutical Journal*, taken from the *American Journal of Pharmacy*, some makers may, under the name of podophyllin, prepare and vend the mere resin mentioned in the text (*supra*); if so, it will certainly lead to disappointment and conflicting statements respecting the properties of this remedy.

no trace of bile and the skin and eyes were of a deep yellow, cured by a single dose, incredible quantities of bile being evacuated. With respect to this action of podophyllin, I think I am warranted in asserting, strange as it may appear, that if, after a free evacuation of bile, a second dose of two grains is given within two or three days, it produces no effect whatever, not even purging. This certainly happens in ordinary engorgement of the liver, if not in jaundice. The purgative effect in nearly all cases is not direct—that is, it does not act on the bowels for ten or twelve, or even in some cases sixteen or twenty hours; the purging appears to result from the large amount of bile thrown into the bowels. Sometimes its action is without uneasiness, but generally there is a sense of tormina or twisting and spasmodic action in the upper region of the abdomen and about the navel.

"2. In the torpid liver of persons who have resided in tropical climates, a dose of one grain seldom if ever fails to rouse the secretory action of the organ and bring bilious-coloured stools; but it often requires twenty-four to thirty-six hours to act on these patients. It is only at long intervals that the dose requires to be repeated. These patients are, as is well known, accustomed to take blue-pill, and often suffer much from nervous irritability, ulcerations of the mouth, diarrhœa or costiveness or both alternately, depression of spirits, and many other evils, which all pass away after a dose of podophyllin.

"3. In the constipation which often besets patients in phthisis—as I think, most frequently from fatty liver,—the podophyllin is the best aperient I have found, though, for the above reasons, very long in acting on the bowels. I have given it in all stages of this disease with marked benefit, not obtainable from any other purgative.

"4. I have given it much in gout, deeming it an important point of treatment to secure free biliary evacuations, which it invariably does; but I have not trusted to it alone, as I think might be safely done; and the same in acute rheumatism. My mode of giving podophyllin has been to make it into a small pill with soft extract of henbane, or one-eighth of a grain of extract of belladonna, or more frequently with another concentrated vegetable resinoid—to be described in a future paper—leptandin, either of which moderates the tendency to harshness of the podophyllin.

"5. In constipation without other disorder, I usually give one sixth to one-fourth of a grain in a pill of compound rhubarb-pill. It acts thus very much the same as we expect a grain of calomel or five grains of blue pill with the compound rhubarb-pill to act; and I consider that it may in very numerous cases be substituted for mercurials with great advantage.

"6. Whenever I have deemed it desirable to evacuate or stimulate the liver, as in bronchitis, fevers, headaches, &c., I have used this medicine with highly satisfactory results.

"7. Aware of the eulogiums which have been bestowed on podophyllin as an alterative, anti syphilitic, &c., I cannot either contradict or confirm them from my own observations; but I have met with two or three cases where it unequivocally produced ptyalism.

"Lastly. On my recommendation it has been introduced to the Jewish Hospital at Jerusalem, where liver disorders abound, and I have the general report that it is found to justify the most sanguine expectations of its remedial value; and I may add, from many of my friends who have employed podophyllin, I have received opinions confirmatory of my views."

We have been also favoured with the following:—

"Dr. Ward has administered podophyllin during the past year at the Seamen's Hospital, *Dreadnought*, and in private practice in a considerable number of cases. The affections in which he has found it useful are cardiac, renal, and hepatic dropsies, an asthenic form of dropsy frequent amongst sailors, and not associated with organic disease; congested and indolent liver. He has given it in doses of half a grain or a grain. Its action has been slow, ten or twelve hours having usually elapsed before it has effected evacuation of the bowels. In the majority of cases it has not occasioned discomfort in the way of nausea, griping, or depression. It is less hydragogue than elaterium, but never fails in its cholagogue action; producing copious bilious stools, semi-solid at first, subsequently watery. In two other cases, Dr. Ward has found it to linger for a considerable period in the bowels, and cause much griping and irritation; but these results might be obviated by quickening its action by combination with some other drug. Dr. Ansell informs Dr. Ward that he has given podophyllin in doses of a quarter of a grain twice a day in cases of amenorrhœa with constipation, and has found it act as a powerful cholagogue cathartic and emmenagogue. The drug may certainly be regarded as a valuable addition to our materia medica."

Dr. Ramskill, Physician to the London and Epileptic Hospitals, has favoured us with the following valuable remarks and cases. It will be observed that his experience of the effects of podophyllin is remarkably confirmatory of the opinions of the American physicians:—

"Podophyllin may be given alone, but it is apt to gripe. At the London Hospital I invariably order a pill of equal parts of podophyllin and extract of Indian hemp. It is then slower of action than when given with hyoscyamus or conium, but less frequently gripes. At the Epileptic Hospital I have not for more than a year used any other pill as a purgative for epileptic patients, except under special circumstances. The formula I use is extract of belladonna and podophyllin, of each one-fourth of a grain, made into a pill with extract of menispermium fenestratum.* The latter drug is rich in berberine, and is used as a tonic adjuvant. Belladonna has itself a laxative tendency; but it is not used for that property. One or two such pills are usually sufficient, if continued for two or more successive nights.

"The cholagogue action of podophyllin is not confined merely to the period of its administration; large quantities of bile will continue to flow for several days after ceasing its employment.

"Latterly, at the London Hospital, I have administered podophyllin in about fifty cases a week. In three cases only has its action been seriously complained of, the complaint being its excessive action, with pain. The dose was, in fact, too large—namely, half a grain, all the three patients being women. Except under such circumstances, the evacuations from podophyllin are rarely watery; they are always fæcal at first, followed by the peasoup-like evacuations we see follow from the continued use of colchicum, but of a brighter colour. With regard to the colour of fæces generally, I must say that a brown colour does not, in my opinion, prove the presence of bile, for the dark epithelium thrown off in the colon may cause this; neither does a pale clayey series prove that the liver does not secrete bile, for this may be limited in quantity and absorbed for well known uses in the economy. (Liebig.) But a quart or more of a golden yellow fluid, yielding the usual reactions to bile-tests, will often follow the use, and demonstrate the cholagogue power, of the drug.

"Podophyllin seems to me to rank near to scammony as a purgative, but it is milder in its action. As a cholagogue it stands pre-eminent and alone—far before mercury or any other drug that I have ever administered. I am almost tempted to say, that there is no real cholagogue known in medicine except podophyllin. Will calomel or blue-pill procure in any case an unequivocal discharge of bile apart from its purgative or laxative action—i. e., apart from its derivative influence, accompanied by increased secretion of the small and large intestines? Is not this the mode in which the biliary secretion is liberated by these mercurials? Podophyllin, on the contrary, in very small doses, will procure an abundant flow of bile, and often induce its discharge by vomiting, before, or even sometimes without, any purging. My idea respecting the *modus operandi* of mercurials is supported by very good authority—(*vide* Morehead, 'On the Diseases of India.')"

(To be continued.)

CAPSICUM IN DELIRIUM TREMENS.

To the Editor of THE LANCET.

SIR,—I am glad to add my testimony to that of Dr. Kinnear (in your journal of last week) as to the efficacy of capsicum in delirium tremens—a treatment to which my attention was first directed by the late Dr. Foss, then principal medical officer of the garrison at Cork, where we were quartered in 1856, who prescribed it for a very obstinate case in my regimental hospital. I have since used it on several occasions both in public and private practice with success, its administration having almost invariably been followed by more healthy perspiration and refreshing sleep, from which the patient has awoke quiet and relieved from the nervous excitement. The way I have used it has been in the form of punch, first making a moderately strong infusion, two scruples of Cayenne pepper to a pint of boiling water, straining it when cool, and adding sugar and citric acid to suit the taste. It is very palatable, and will be taken by the patient *ad libitum*.

I am, Sir, your obedient servant,

CHAS. FERNELEY,
Surgeon Royal South Lincoln Militia.

Grantham, March, 1862.

* We shall give an account of this plant in a future paper.

THE MEDICAL PROFESSION AND LIFE ASSURANCE OFFICES.

Title of Office.	*Payments to Medical Practitioners.*
Albert and Kent Mutual.	£1 1s. in all cases.
Alliance	£1 1s. paid where opinions are required.
Amicable	£1 1s., unless the amount is very small.
Argus	10s. 6d. under £400; £1 1s. over.
Atlas...	Payment made if considered desirable.
Britannia	£1 1s. The first office to pay medical fees. (First payment in 1837.)
British Empire	£1 1s. for £300 and upwards; 10s. 6d. under £300.
British Equitable	£1 1s. for £500 and upwards; 10s. 6d. under.
British Mutual	A fee paid in all cases. £1 1s. for £300 and upwards; 10s. 6d. under.
British Nation	Medical fees are paid in all cases. £1 1s. for £250 and upwards; 10s. 6d. under.
British Prudential	Medical fees paid in all cases.
Caledonian	Where reports are applied for. Under £500, 10s. 6d.; above, £1 1s.
Church of England... ...	£1 1s.
City of Glasgow	£1 1s.
Clergy Mutual...	£1 1s.
Clerical, Medical, and General	A fee of £1 1s. is paid to the medical attendant of every person proposing to assure.
Colonial	£1 1s. for £500 and upwards; 10s. 6d. under.
Confident	£1 1s. for £400 and upwards; 10s. 6d. under.
Consolidated	£1 1s. for £250 and upwards; 10s. 6d. under. The same to referees when an opinion is required by the Office.
Consols	When reports are expressly applied for, 10s. 6d. up to £300, and £1 1s. above.
Crown	£1 1s. for £500 and upwards; 10s. 6d. under.
Eagle...	£1 1s.
Edinburgh	Payments made to medical men if consulted.
Emperor	£1 1s. above £100; 10s. 6d. for £50 to £100 inclusive.
English and Scottish Law	£1 1s.
Equity and Law	Pays medical practitioners for their reports.
European	10s. 6d. under £300; £1 1s. for £300 and up to £1000; £2 2s. above.
Family, Life, Sick, and Endowment	Five per cent. upon examination.
General	Under £300, 10s. 6d.; £300 and above, £1 1s.
General Annuity Endowment	The Association employs its own referees, and pays 10s. 6d. when reports are required.
Globe	£1 1s. for £500 and upwards; 10s. 6d. under.
Great Britain	Fees in all cases where consultation is required, £1 1s.
Guardian	£1 1s. for £500; 10s. 6d. under.
Hand-in-Hand...	£1 1s.
Imperial	£1 1s. when opinions are required, if premium exceeds £3 3s., and 10s. 6d. when under.
Indisputable	£1 1s. for £200 and upwards.
International	£1 1s. for £200 and upwards; 10s. 6d. for £100; when an examination is required.
Lancashire	£1 1s. for £300 and upwards; 10s. 6d. under.
Law	£1 1s. whenever opinions are requested.
Law Property	£1 1s. for £200 and above; 10s. 6d. under.
Law Union	£1 1s. for £150 and upwards; 10s. 6d. under.
Leeds and Yorkshire ...	Medical fees paid by the Company.
Legal and General	£1 1s. for £500 and upwards; 10s. 6d. under.
Life Association of Scotland	£1 1s. for £500; 10s. 6d. under.
Liverpool and London ...	£1 1s. for £300; 10s. 6d. under.
London Assurance Corporation	£1 1s.
London Equitable	£3 3s. for £500; £2 2s. for £200 to £400; £1 1s. for £100.
London & Provincial Law	£1 1s. on all but very small amounts.
London and Yorkshire ..	£1 1s. for £300 and upwards; 10s. 6d. under. A fee paid to every medical man consulted.
Metropolitan	£1 1s. on all occasions.
Metropolitan Counties ...	£1 1s. on £200; 10s. 6d. under.
Midland Counties	£300 and upwards, £1 1s.; under £300, 10s. 6d.
Minerva	10s. 6d. under £300; £1 1s. above.
Mutual	£1 1s. for any information obtained.
Mutual Provident Alliance	Under £50, 2s. 6d.; above £50 and under £200, 10s. 6d.; no assurance above £200.
National	£1 1s. for £500; 10s. 6d. under; when reports are required.
National Mercantile ...	10s. 6d.; £1 1s. in special cases.
New Equitable and Briton	£2 2s. for £250 and upwards; £1 1s. under.
North British	£1 1s. for £300 and upwards; 10s. 6d. under.
Northern	£1 1s. for £500 and upwards; 10s. 6d. under.
Norwich Union	£1 1s. on all policies.
Pelican	£1 1s. when opinions are required, and the sum to be assured is £200 and upwards.
Provident...	£1 1s. for £500 and upwards; 10s. 6d. under.
Provincial...	When opinions are asked, fees are paid.
Queen	According to amount of assurance.
Reliance & East of England	According to amount of assurance.
Royal	£1 1s.; 10s. 6d. for small amounts.
Royal Exchange	£1 1s. for £560 and upwards; 10s. 6d. under.
Royal Farmers', &c. ...	£1 1s. for £500 and upwards; 10s. 6d. under.
Royal Naval and Military	£1.
Scottish Amicable	£1 1s. for £300 and upwards; 10s. 6d. under. A fee paid to every medical man consulted.

Title of Office.	*Payments to Medical Practitioners.*
Scottish Equitable	£1 1s. for £500 and upwards; 10s. 6d. under.
Scottish National	£1 1s. for £300 and upwards; 10s. 6d. under.
Scottish Provident	£1 1s. for £250 and upwards; 10s. 6d. under. Referees paid on the same scale.
Scottish Provincial	Payments made when reports are required.
Scottish Union...	Medical men are invariably paid.
Scottish Widows'	Fees paid according to circumstances.
Solicitors' and General ...	£1 1s. for £300; 10s. 6d. under.
Sovereign	£1 1s. for £300 or upwards; 10s. 6d. under.
Standard	10s. 6d. under £500; £1 1s. above that sum.
Star	10s. 6d. under £500; £1 1s. for £500 and upwards.
Union	£1 1s. for £500 and upwards; 10s. 6d. under.
United Kingdom	£1 1s. in all cases.
United Kingdom Temperance, &c.	5s. for £100; 10s. above, and up to £500; £1 above.
Unity	10s. 6d. under £500; £1 1s. above. To appointed referees only.
Universal	£1 1s. for £500 and upwards; 10s. 6d. under.
University	£1 1s.
Victoria	£1 1s.
Waterloo	£1 1s. for £200 and upwards.
Wellington	£1 1s. for £300; 10s. 6d. under; and fees paid whenever an opinion is asked.
West of England	£1 1s. above £300; 10s. 6d. under.
Western, Manchester and London	From 10s. 6d. to £2 2s.
Westminster and General	£1 1s.
Whittington	£1 1s. for £500; 10s. 6d. under.
World	10s. 6d. for £200 and under; £1 1s. above.

Correspondence.

"Audi alteram partem."

POOR-LAW MEDICAL OFFICERS.

To the Editor of THE LANCET.

SIR,—I shall feel obliged if you will permit me to address a few words to the Poor-law Medical Officers of this country at the present crisis.

Long and persevering efforts have been made to ameliorate your present condition, and to procure more reasonable remuneration for your arduous duties;—not only so, but to establish a uniform system of payment. Hitherto, without success. But the time is fast approaching when the cause of the Poor-law medical officers must receive the attention of the House of Commons, as the Select Committee on Poor Relief will, doubtless, propound some recommendation as the result of the evidence they have now taken. Medical officers have already made many sacrifices in furthering and supporting, what many think, a hopeless cause; but let me ask you, gentlemen, not to relax either your energies or your endurance at this present juncture, for be assured a just cause must prevail. Let us throw all despondency to the winds, and make one grand, united effort to rescue ourselves from that thraldom under which we are ground to the dust. Let us all join, with one heart and one mind, to endeavour to obtain that justice which is our due, and let us spare neither pains nor pence in order to accomplish our purpose.

The late Judge Pattison one said: "The country surgeon is the hardest worked and the poorest paid of any man I know." This was said of medical practitioners in general. But what would have emanated from the Judge's lips if he had been informed that a large body of Poor-law medical officers were treating, daily, cases of injury and sickness amongst the "poorest of the poor," supplying, at the same time, all necessary attendance, medicines, and appliances, for, in some instances, a few *pence*, and, in most, for two or three shillings? What he would have said I do not know; but judging from the expression of his sentiments as given above, I fancy he would exclaim, "The Poor-law medical officer is an honour to his profession, but it is clear that the State neither knows his value nor how to treat him. The remuneration he receives is truly disgraceful."

Matthews, the comedian, once travelled by the night-mail from Halifax to Manchester. On alighting at the inn in Cottonopolis he gave the guard twopence, and told him, with the greatest gravity, to divide it between himself and the coachman. The guard turned his treasure over in his hand several times, and then returned it to Matthews with a most benevolent expression, saying, "My poor fellow, put it in your pocket, if you have one; it will do you more good than either of us." Might not many a Poor-law medical officer say the same to his employers when he contemplates what he has to do for twopence? The whole system is untenable, unjustifiable, and poverty-stricken in the extreme. It is a disgrace to every board of guardians; it is a disgrace to the Poor-law Board; it is a disgrace to the whole House of Commons. I say this, not as a novice, but as one who has discharged the duties of a Poor-law medical officer for fourteen years, in a district containing nearly 30,000 souls.

Now then, gentlemen, can anything be done in your behalf? I say it can. Not, however, if we are to fold our arms in supineness; not if we are to neglect the common energies of men; not if we have not strength of purpose and indomitable perseverance; not if we do not find the *sinews of war*. Can you, then, refrain from entering into the struggle? Can you, as men of intelligence and generosity, such as Poor-law medical officers ought to be, consent listlessly to gaze on the struggles of a few for your benefit, and yourselves take no part? If so, it seems to me a course antagonistic to that of an Englishman.

Now, gentlemen, if every particle of spirit has not been worked out of you—if you have not altogether succumbed to the severity of the harassing duties you have to perform—take fresh courage, and from this time shew that you have some estimate of the value of your services to the sick poor, and that you feel that those services should be fairly remunerated. Give your support, then, to the committee which has so long watched over your interests, and of which Mr. Griffin is chairman, and let them not labour in vain. Act promptly, and without a moment's delay. Let every man in the service contribute *something*, no matter what it is; for, as the Scotch say, "every little makes a muckle," and rely upon it, if you will only do what is right, that "muckle" will be obtained, and muckle good it will do.

To the magnates of our profession I would say, Help, if you have the heart, your down-trodden brethren; give them your countenance, your support, and your sympathy, not ten years hence, but *now*, and the grace of the act will be duly acknowledged, and thoroughly appreciated.

In conclusion, my Poor-law brethren, I will pray, "May God defend the right!"

I am, Sir, your obedient servant,

Halifax, March, 1862. FRED. SMITH GARLICK, M.R.C.S.

HOMŒOPATHY AND THE GUERNSEY MILITIA.

To the Editor of THE LANCET.

SIR,—The late Home Secretary (Sir G. C. Lewis) imagined that he had quashed the grievances of the militia surgeons by declining any further interference with a question which he asserted to be settled "after a full and careful examination."

The only settlement of the question, however, is, that the injustice complained of remains unredressed, seeing that a homœopath still retains a position in the British Army List, as sole representative of the medical staff of the Guernsey Royal Militia.

As a proof that this matter is not settled, I enclose

Guernsey *Star* of Feb. 11th, which contains the renewed protest of the members of the Medical Board. I also transmit copies of the correspondence to which this protest has given rise, for the purpose of publication.

It is evident that this vexed question cannot be set at rest until the whole of the correspondence on this subject from the commencement to the present time is produced before the House of Commons. I am, Sir, yours, &c.,

Guernsey, February, 1862. A. B.

"THE MILITIA SURGEONS.—At the conclusion of the proceedings of the Medical Board, held at the Arsenal yesterday, the 10th inst., the medical officers then present drew up the following protest, which has been forwarded to the Adjutant-General of Militia:—

"The Arsenal, Feb. 10th, 1862.

"SIR,—We, the undersigned medical officers assembled in conformity with the G.M.O. of the 28th January, 1862, consider it due to ourselves and to our profession to request you respectfully to inform his Excellency the Lieutenant Governor that, so long as the grievances under which the medical department of the Royal Guernsey Militia is at present suffering remain unredressed, we perform under protest all the duties of the commissions we have not been permitted to resign.

"M. A. BAZILLE CORBIN, Surgeon, R.G.M.A.
"F. C. LUKIS, Surgeon, 1st Regiment, R.G.M.
"F. E. CAREY, Assist.-Surg., 1st Regt. R.G.M.
"G. H. THURSTON, Assist.-Surgeon, R.G.M.A.

"Colonel White, Adjutant-General, R.G.M."

"Militia Office, Guernsey, Feb. 11th, 1862.

"SIR,—In acknowledging the receipt of your communication of yesterday's date, herewith returned, I am directed to call your attention to the minute of his Excellency the Lieutenant-Governor thereon.

"I am, Sir, your obedient servant,
"EDW. J. WHITE, Colonel, Adjt.-Gen.

"To Surgeon Corbin, Royal Guernsey Militia Artillery, President of Medical Board."

"MINUTE. — The letter of the Secretary of State, dated H. G., Whitehall, 14th February, 1861, disposed of this question *for ever* (*sic*), and I will not entertain any communication on the subject. You will make known my views to the medical officers who signed this letter.

"Col. White, A.G., R.G.M." "M. J. SLADE, Lt.-Gov.

THE SITE OF ST. THOMAS'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—Everyone will be glad to see your suggestion to call a meeting to consider the future site of St. Thomas's Hospital carried out by the public, who are vitally interested in the question. Providence has almost made a place ready for the institution, yet the Governors pause, and whilst pausing, one of the fairest and noblest of sites will pass from beneath their feet.

Close to the "Elephant and Castle," on the south side of the Thames, the property of the Fishmongers' Company, is a space of nearly twelve acres of ground, free from bricks and mortar at the present moment; it is marked out for the building of a lot of little houses, amounting to two hundred, the ground-rents of which will only yield to this wealthy Company about £1000 per annum. The site possesses a frontage in the Walworth-road of fabulous extent, considering the times and crowded state of London. The soil is beautiful gravel, and the choicest plants can be reared upon this hitherto almost uninhabited space.

I happen to be one of the district surgeons, and can testify to the fact that in two months I have not lost one poor person in the district which surrounds this very spot, and in eight months I have not lost a case of fever; consumption and rheumatism are unfrequent, and out of one thousand orders I have not recorded the death of one patient from either of these complaints: thus speaking for the real healthiness of the place itself.

I hope in the course of the day to procure for you a map showing the connexion which can be made, by means of the London, Dover, and Chatham line, with every railway in England, and the hospital, if built here.

Everyone who passes the "Elephant" knows what a central position this is, and how many people could be brought to the very door-step of the hospital by means of omnibus.

I urge, by every reasonable argument, upon you to get someone to examine and report upon this site, so that it may be recorded in your valuable journal.

The Surrey Gardens are, indeed, good for the purpose, but do not combine so many advantages.

Pott's Vinegar-yard is surrounded by boiler-makers, whose incessant din would disturb the patients by night and by day; and the most abominable smoky chimneys of surrounding glass and pottery works frown down upon it.

The Queen's Bench could not be made available without the destruction of an enormous quantity of house property to procure a proper frontage; and, moreover, it would be open to the noxious perfumes of Green-street, full of knackers' yards—chemical works in front, and soap-boilers behind, who cannot be bought up.

The spot here indicated is free from all these objections, and deserves especial consideration at this important crisis. There is scope for beautiful recreation-grounds and a magnificent structure, and is already cleared for building purposes; this would avoid the loss of time and consequent inconvenience to a large number of the suffering poor. *Bis dat qui cito dat.*

I am, Sir, yours very respectfully,

Trinity-street, March, 1862. ALFRED EDSWORTH, F.R.C.S.

To the Editor of THE LANCET.

SIR,—I have just seen a circular issued by the "Site Committee" of St. Thomas's Hospital to all the Governors, giving certain statistics to guide them in their decision. If the recommendations contained in this circular are adopted by them, no site but the Surrey Gardens offers space enough. The document says:—

"It seemed therefore to the Committee to be the paramount duty of the Governors, in selecting a site, to choose one on a healthy soil, with sufficient space, and in an accessible situation; and that in the designs for the new hospital it should be the Governors' aim to combine as far as possible all the advantages which skill and experience have already produced in similar institutions in this country and on the continent, or can suggest, so that the hospital, when completed, may not be inferior to, and if possible may surpass, any existing hospital."

Now, with such advice from the "Site Committee," it appears to me that the public have strong grounds for urging upon the Governors the example set them in that noble institution in Paris, the Lariboisière. The Governors of St. Thomas's Hospital should know that the public and the profession are jealously watching and scrutinizing every movement.

I remain, Sir, yours respectfully,

March, 1862. CHIRURGUS.

REMOVAL OF NÆVUS BY EXCISION.

To the Editor of THE LANCET.

SIR,—The subject of the Radical Cure of Nævus by Excision having been recently brought before the notice of the profession by Mr. Gay and Mr. Tassell, it may not be uninteresting to those gentlemen to be informed that, in October, 1860, I had a case of nævus under my care, which I treated in the way advocated by them; with this difference, however, that the needles were not introduced until after the nævus had been removed.

In this case, the nævus was situated at the root of the nose, and between the inner extremities of the superciliary ridges. At the child's birth it was not larger than a small pea, but at the end of four years it had increased to the size of half a walnut, which it also resembled in shape, having its long diameter placed vertically. On its removal by elliptical incision there was profuse hæmorrhage for a few seconds, until two hare-lip pins—which I had at hand—could be introduced, and the twisted suture applied. This speedily arrested the bleeding, except from the lower part of the wound, which, being situated immediately between the eyes, did not allow of another needle being introduced. I therefore contented myself with putting in a simple stitch at this part and applying a pad of lint, which prevented any further hæmorrhage. The source of the blood appeared to be either the dilated frontal, nasal, and angular arteries, or the corresponding veins forming the "nasal arch;" most probably the latter, as the tumour was non-pulsating, and of a livid colour. The wound healed in a short time, a slight scar only remaining.

Should I be called upon to operate in another similar case, I shall certainly adopt Mr. Gay's method of introducing the needles before commencing the incisions.

I am, Sir, yours obediently,

Heywood, Rugeley, March 6th, 1862. J. H. TYLECOTE, M.D.

THE DANGER OF EXCLUDING MEDICAL EVIDENCE.

To the Editor of THE LANCET.

SIR,—In *The Times* of March 11th there is a report of a case of poisoning by a girl named Caroline Binmore, aged fourteen, at Exeter, tried before Mr. Justice Blackburn, in which the girl was found "guilty, with intent to do grievous bodily harm," and sentenced to six weeks' imprisonment, and afterwards to be sent to a reformatory.

It appears that there was no barrister found able or willing to defend this poor girl; and the Court, according to the report in *The Times*, received the evidence of a "chemist" that there was a drachm of acetate of lead in the cup of tea, and that half a drachm was sufficient to destroy life.

I have myself seen half an ounce of acetate of lead taken with impunity, causing no bad effect but vomiting; and it is well known that many licensed practitioners are in the habit of ordering very large doses, certainly a drachm in twenty-four hours, without apparent bad effect, or followed only by an attack of colic.

Medical and scientific evidence in courts of law has of late been freely commented upon by lawyers. The case of Caroline Binmore, whether justly or unjustly condemned on *general* evidence, is an instance of the danger of trusting to incompetent scientific witnesses. Supposing that lawyers could be scientific men of highest standard on all special points, they might be free to use their acquirements in conjunction with their legal knowledge and common sense; but as those attainments cannot be within their reach, the most cruel of all possible alternatives is to appeal to science through incompetent witnesses.

I am, Sir, yours &c.,

Berkeley-square, March, 1862. M.D.

UNCERTAINTY OF THE SPUTUM AS A DIAGNOSTIC FEATURE IN PNEUMONIA.

To the Editor of THE LANCET.

SIR,—Having read in your journal of the 7th September last an article on the above subject, I beg leave to forward the following case bearing on the same point.

A. R——, of the Hong Kong police, was admitted into hospital suffering from pain all over the chest, with great dyspnœa, and some slight expectoration of mucus. On examination with the stethoscope, I found in the left lung crepitant rhonchus, and in the right lung puerile respiration. Notwithstanding all treatment, the case ran a very rapid and fatal course; yet during the whole progress of the disease there was no rusty sputum whatever.

I had no doubt as to its being a case of pneumonia, which the post-mortem examination proved to be correct. I found the lower lobe of the left lung in a state of purulent infiltration; the upper lobe of the same lung in a state of transition between hepatization and purulent infiltration; and the whole of the right lung in a state of hepatization.

I quite agree with Dr. Williams, that there are many cases of pneumonia allowed to pass under the vague name of influenza, &c. &c.; but in such a case the practitioner is very much to blame, for the stethoscope speaks in all such instances with a most unerring voice. And the practitioner who trusts alone to the expectoration as his diagnostic will indeed often fall into most grievous errors.

I am, Sir, your obedient servant,

CHARLES MASON SCOTT, L.R.C.S.I.,

Hong Kong, Nov. 1861. Resident Surgeon, Civil Hospital.

RAPID RECOVERY AFTER LITHOTOMY.

To the Editor of THE LANCET.

SIR,—The following case may be considered of more than ordinary interest, as one of rapid recovery after the operation of lithotomy—more rapid than that even in the case under Mr. Wood's care related in your journal of the 22nd ult.; or one from the Royal Free Hospital, in the early part of the past year.

S P——, aged four years, a delicate child, had suffered with the usual symptoms of stone from a very early period, a few weeks even after birth, the mother observing a "powder" deposited from the urine. Nearly two years since, I failed on examination to detect a calculus; but a second attempt, a short time before the operation, clearly proved the presence of a small stone. On April 17th, 1861, chloroform having been administered, I performed the median section, making a very limited division of the urethral tissues, preferring rather a gradual dilatation with the finger. By means of a narrow-bladed forceps, I succeeded after a few seconds in grasping the stone, which I withdrew without difficulty. Eighteen hours after the operation the urine flowed freely per urethram, and by that channel only. The wound united by the first intention, and on the Monday following I found him *well* and playing cheerfully, though I made him keep his room till the Thursday. The only unfavourable symptom was an incontinence for two or three weeks. He is now quite well.

I have the honour to be, Sir, your obedient servant,

Lowestoft, March, 1862. JAMES RAY, M.R.C.S.

A CAUTION.

To the Editor of THE LANCET.

SIR,—Through the kindness of some professional friends in the country, I have recently ascertained that a person signing himself "Alfred Needes, of 59, Wilson-street, Finsbury-square," has been practising a most disgraceful fraud upon them.

This person undertakes to guarantee them an invalid patient paying £400 a year on their forwarding him a registration fee of half a guinea and a per-centage on the yearly stipend!

In justice to myself as well as to the profession, I have thought it my duty to make inquiries in Wilson-street, and as a matter of course find there is no such person as "Alfred Needes" residing there; the house, in fact, being occupied by a small tradesman, who permits letters and parcels to be addressed there on payment of a penny!

The trick I have little doubt has been pretty generally practised, and in many cases I fear has succeeded even beyond the registration fee demanded; and as I am the only medical agent of the surname which this person has assumed, my professional reputation may possibly suffer, unless some public notice be immediately taken of the imposition. Will you therefore oblige me by inserting this communication in your next number, not only for the purpose of placing myself right with those gentlemen who have been the subject of the fraud, but as a caution to others who may yet be favoured with this party's future communications.

I am, Sir, your most obedient servant,

JOHN WILLIS NEEDES,

Belgrave-street, Euston-road, March, 1862. Medical Agent.

DIGITALIS IN DELIRIUM TREMENS.

To the Editor of THE LANCET.

SIR,—In my letter, published in your journal of the 8th inst., p. 261, two errors have occurred in the printing: For "two *grains* of digitalis," "two *drachms*" should be read; and for "five drachms of the tincture of *digitalis*," it should be "five drachms of the tincture of *opium*." As the latter inaccuracy is likely to mislead, by correcting it you will oblige,

Sir, your obedient servant,

London Hospital, March, 1862. MORELL MACKENZIE, M.B. Lond.

*** The latter error occurred in the manuscript.—SUB-ED. L.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

THE agitation consequent upon the discussion on Paris hospital organization has brought to the surface several facts which neglect or red-tapeism might have allowed to escape notice for an indefinite period. Various blots in the present system have been hit, and several defects pointed out in a way which leaves the authorities no other alternative than that of reform. M. Chalvet, in three excellent papers on the subject, lately published in the *Gazette des Hôpitaux*, demonstrates, amongst other things, that certain dust rubbed off the walls of one of the wards in the Hôpital St. Louis contained no less than thirty per cent. of organic and putrescible matter, that the walls were consequently in a condition incompatible with the healthiness of the ward, and that the administration had exercised a culpable economy in the matter of whitewash. Moreover that the bed-curtains, so likely to intercept and become charged with the material of contagion, are only washed twice a year

and constitute in themselves an ever-present source of morbific causes; and lastly, that the lint, bandages, and other surgical apparatus are habitually kept in close proximity with the water-closets, and thus have ample opportunity of becoming impregnated with noxious emanations. Not only is the medical profession in France awaking to the study of the hospital difficulty, but even the general public is gradually taking an increasing interest in its definite and satisfactory solution. General Morin, at one of the late meetings of the Academy of Sciences, made a communication on the subject of hospital ventilation, which is illustrative of this fact. In this paper, General Morin divides the actual systems of ventilation into two classes—those in which the draught is determined in an upward direction by a fire lighted in the upper storey of the edifice, and those in which the converse prevails. He recommends a middle plan, which is very much that already in operation in England—viz., the establishment of the fire on a level with the apartment which it is intended to ventilate. The system which exists at the Hôpital Lariboisière, and which works very well, is peculiar to that establishment. The building consists, as you know, of eight pavilions, each containing three storeys, and each storey containing a ward with twenty-two beds, as well as a small room containing two beds, for cases which it may be expedient to isolate. The vitiated air is conveyed away from each floor by nineteen evacuating flues, which unite into a common tube in the upper part of the building, where a draught is determined by the presence of a large boiler constantly at work. The quantity of foul air thus evacuated in a second is somewhat more than a cubic metre—a result which it is said might be considerably increased were the friction caused by the unevenness of the surface of the flues obviated.

M. Morel-Lavallée, surgeon of the Hôpital Beaujon, has just published, in the form of a communication to the Surgical Society, a case of vesico-vaginal fistula, in which the method recommended by Dr. Marion Sims, and now universally known as the "American operation," was followed with excellent success. M. Lavallée finding, however, during the course of the first stage of the proceeding, that the anterior wall of the vagina rather interfered with a perfect view of the fistula, shifted the patient's position, and placed her upon her hands and knees for a time. To this modification, as useful under the circumstances, he has called attention, as also to the substitution of black for white thread, as less likely, when soiled with blood, to be confounded with the tissues.

On Tuesday, at the Academy of Medicine, M. Bouchut read a memoir "On a New Method of Examining the Lung of Newborn Infants for Medico-legal Purposes." This examination, for which M. Bouchut still preserves the stilted title of "Docimasie pulmonaire" (δοκιμάζω, I essay), has already been treated of very particularly by many celebrated medical jurists, and amongst them Plouequet, Bernt, and Daniel. For the purpose of ascertaining whether a given portion of lung has ever breathed, the author makes use of either a lens or microscope, and maintains that in all cases where the first inspiration has occurred, with a good lens can be detected brilliant points, rounded and transparent, though invisible to the naked eye, which consist of groups of pulmonary vesicles distended with air.

The Société Universelle d'Ophthalmologie, which hitherto has only held its meetings on Belgian or German ground, is about to extend the limits of its scientific territory, and undertakes each year to hold a meeting at one or other of the principal capitals of Europe. The local committees have been named, and are as follows:—For Berlin, MM. Graefe and Liebreich; Brussels, M. Warlomont; Leipsig, MM. Coccius, Ruete, and Winter; London, MM. Bowman, Critchett, Streatfeild, and White Cooper; Munich, MM. Nussbaum and Rothmund; Paris, MM. Sichel, Desmarres, Giraud-Teulon, and Wecker; Prague, MM. De Hasner and Pilz; Turin, MM. Borelli-Sperino (for Turin), Quadri (for Naples), and Guaglino (for Milan); Utrecht, M. Donders; Vienna, MM. Arlt and Gulz; Zurich, M. Horner. A goodly list, containing nearly all the oculistic celebrities of Europe.

If any of your readers now in Paris be sufficiently *au fait* at the language of the fingers as to appreciate most eloquent manipulation, or presti-digitation, which I should rather have called it, a sermon is preached every Sunday afternoon by the chaplain of the Deaf and Dumb Asylum at the Church of St. Roch, in the Rue St. Honoré. A friend of mine, who witnessed the proceeding the day before yesterday, informed me that he had never seen a more impressive discourse.

Paris, March 11th, 1862.

Parliamentary Intelligence.

HOUSE OF LORDS.

MONDAY, MARCH 10TH.

LUNACY REGULATION BILL.

On the motion for the second reading of this Bill,

Lord CHELMSFORD said no doubt the proceedings connected with the late extraordinary trial had led to the introduction of this Bill, because up to that period there had been no complaint against the manner in which such inquiries had been conducted. A great desire for a change in the law on the subject had certainly been manifested, but it became their lordships, in yielding to that feeling, to legislate with the utmost care. The Bill introduced by the noble lord on the woolsack proposed that in all jury trials one of the judges of the superior courts should supersede or preside in place of the Master in Lunacy. He had great doubts as to the practicability of such a course. Assuming for a moment that a judge was to take the place of the Master in Lunacy, there might perhaps be an advantage in cases which were taken in the metropolis, but they must be aware that the greater part of these cases occurred in the country, and that would greatly add to the inconvenience of making it imperative that a judge of the superior courts should invariably preside. He was of opinion that the present law, introduced by his noble and learned friend near him (Lord St. Leonards) worked well, and there was no necessity for the change which this Bill proposed. Since the year 1853 there had been no less than 561 commissions of lunacy issued, and out of that large number only 20 had been tried by a jury, and that fact strengthened the opinion that he entertained, viz., that it would be injudicious to interfere with the jurisdiction of the Masters in Lunacy. It might be said that it was not intended to interfere with the disposal of the cases which the Master decided, but that the Bill confined itself to jury cases only, and those were very few indeed. If they were few, however, the less necessity was there for interference. There was nothing peculiarly attractive in the comparatively humble inquiry that took place before the Master; but if the unhappy objects of those investigations were informed that the Legislature thought so much of their importance as to deem it necessary to send one of their superior judges to preside over their trials, he had no hesitation in saying that the desire of publicity would induce them to resort more frequently to the trial by jury than at present. (Hear, hear.) He contended, therefore, that there was no necessity shown for interfering with the present jurisdiction of the Masters in Lunacy; he thought it dangerous to touch a system that had worked so well; and that it was better to leave the law as it was, so far as regarded that part of the provisions of the Bill. (Hear, hear.) He now passed to another part of the Bill, which had created considerable apprehension and anxiety in his mind. By the 7th section he found that in the execution of a commission the alleged insane person should be examined before the evidence for the defence was commenced; such examination to be in open court, or otherwise, as the judge might direct. That was the law at present, and therefore there was no necessity for any such provision. He believed the object of that provision was that the public might stand by and see fair play. There was no more common form of insanity than for persons previously intelligent, and of even delicate minds, to become possessed of the most filthy imaginations, to express themselves openly without the slightest sense of propriety, and even to glory in their obscenity. Another common form of insanity was for such persons to conceive the greatest hatred for those whom they had formerly dearly loved, and to believe that they had been guilty of the most abominable crimes. The idea of such persons openly presenting themselves in court, and pouring forth a torrent of blasphemy, obscenity, and defamation was most painful, and such a scene he had more than once witnessed. He would state a case in point. It was the case of a military gentleman who entertained the most strange delusions with regard to the highest person in the land. He was a person of educated, and even of elegant mind. That was proved by his letters containing passages of the most exquisite criticism, and thoughts on public affairs, mingled, however, he grieved to say, with a great deal of the most obscene ribaldry with regard to the object of his thoughts. Of course the unhappy gentleman was not in the slightest degree aware of the impropriety of his conduct, and he was quite ready to avow what he had written, and the terms in which he had expressed himself. He would ask their lordships, then, whether it would be a safe or even a decent thing to allow persons having

no sense of propriety, and glorying in the display of their aberrations, to insist on a public exhibition of themselves? And for what purpose? Then, he objected also to the third clause; by which the inquiry was to be confined to a period of two years from the date of the commission. As a rule of universal application, he thought that was scarcely practicable, for the inquiry ought to depend on the nature of the unsoundness of mind. From the very definition of idiocy, that rule would exclude all evidence in such cases. And why was the 47th section of the existing law to be repealed? And why were they to have substituted for it a proviso giving a discretionary power to the judge? It overrode the whole clause, and might exclude the most important element lying on the other side of the limit. As regarded the exclusion of medical witnesses, except where the judge might otherwise direct, he must say that the prohibition was at least nugatory; because under the law as it stood, the judge would always direct the jury that they were not bound by the opinions of the medical gentlemen; but were at liberty to examine for themselves the soundness of the conclusions at which they had arrived. The Bill, by another clause, seemed to enlarge the jurisdiction of the Lord Chancellor in cases of this description. Hitherto, in this country, a man might be as extravagant as he pleased, and the law would not restrict his freedom of action as long as his conduct did not show unsoundness of mind. Under the Roman law, where a person had displayed great prodigality, and was wasting his estate, the prætor interposed, and appointed a tutor or curator to manage his estate. By the Scotch law, too, a judicial intermission might be issued, by which deeds not executed with the consent of the interdictors might be set aside. In this country, however, no such interference was known to their law. It had been supposed that insanity was absolutely indispensable for judicial interference; but the decision of Lord Eldon in 1802, acted upon in 1827 by Lord Lyndhurst, extended the ground of interference to those cases in which, though short of insanity, the alleged lunatic showed that he was incapable of managing his affairs, and was of unsound mind. The noble and learned lord then observed that the Commission of Lunacy was issued by the Lord Chancellor, and the case submitted to a jury, who heard the evidence, and they gave their verdict on the subject. He would in committee bring forward his objection to the clauses to which he took exception, and if it became necessary he would divide their lordships, with the view of throwing out the Bill.

The Earl of SHAFTESBURY approved of the limitation of time, and of the stringent provision for early personal examination of the lunatic by his judges. He attacked the value of medical evidence. With regard to cases showing a homicidal or suicidal mania, nothing could be more absurd than to allow medical witnesses to enter upon speculative theories and opinions as to whether a person was of unsound mind. Medical men knew no more about it than other people; and that which he wished to impress upon their lordships was, that whatever evidence medical men gave should be founded on facts which came under their own observation. During the time he had sat upon the Lunacy Commission his experience led him to the conclusion that medical men were as ignorant of mental diseases as other men. It was monstrous that medical men should come forward and say because a man had something singular in his appearance, or because of this, that, and the other, the man must be mad. He would state a fact to show how little medical men were acquainted with things going on in the world. It occurred to him, when sitting in the chair discussing the sanity or insanity of a lady, that he expressed his opinion she was of sound mind; but he had no sooner done so than a medical man of great eminence came round to him and said, "My lord, are you aware that the lady subscribes to the Society for the Conversion of the Jews?" (Great laughter.) If that man had been conversant with the world, he would have known that hundreds and thousands of persons of sane and solid understanding did the same thing. (Hear, hear.) Another case he remembered was that of a lady who was supposed to be insane by a medical man, because she wore a dagger at her side. There was a medical man—a "mad doctor"—(laughter)—giving an opinion that a lady was mad because she wore a dagger at her side. He (Lord Shaftesbury) left the asylum and took the dagger with him to a shop in London, where he was informed that seventy daggers of a similar kind had been sold; that the wearing of daggers was the fashion in Paris; and that it was becoming the fashion in England. (Laughter.) The noble earl concluded by expressing his approval of the remedy proposed with reference to Chancery lunatics, and a hope that there would be a better supervision of the property of lunatics.

The LORD CHANCELLOR said that in great cases, such as would become jury cases, a superior judge was required. As to publicity, that was the genius and principle of our law. The limitation of time in regard to evidence he defended on the ground that the object of the inquiry was the condition of the lunatic's mind at that very time and no other. Then, as to the objection with regard to medical evidence, it was said that the discretionary power of the judge to admit such testimony would neutralize the former portion of the clause, and that the jury might examine the grounds on which the medical testimony was founded. Now, the whole introduction of medical opinions and theories into this subject arose out of the vicious principle of considering insanity as a disease, whereas the law looks upon it as a fact which can be ascertained by evidence, in like manner as any other fact. Therefore it was to be tried by proof of the habits, demeanour, conversation, and acts of the alleged lunatic. But if the jury were told that the matter was one out of their power of observation, they would come to the inquiry with minds preoccupied, and unable to form a common sense opinion, because they would think the inquiry was merely of a physiological nature. Look at the manner in which medical witnesses were influenced. He would read from a work of acknowledged authority a description of the external diagnostics of insanity:—"The principal characteristic in some is a peculiar want of harmony in the eyes; in others, a fixed expression of some intense emotion is remarkable; and a twitching of the orbicularis or other facial muscle, is not uncommon. In many cases of chronic mania the hair becomes harsh and brusque—(laughter); and medical men should never omit to examine the ears, for the discovery of shrivelled ears is an undoubted sign of profound mental disease." (Renewed laughter.) The writer went on to say that all forms of insanity stamped on the features a remarkable degree of ugliness; that some lunatics tried to conceal this circumstance by smiling, but that there was no surer sign of insanity than a pleasing smile on the countenance. (Laughter.) Were such opinions to be entertained by a jury?

Lord ST. LEONARDS thought the present law in excellent working order; that it would be impossible to confine the inquiry to two years; while the exclusion of medical testimony was most objectionable.

Lord CRANWORTH held the same opinion as to the question of evidence.

HOUSE OF COMMONS.

TUESDAY, MARCH 11TH.

INCOME TAX.

Mr. HUBBARD gave notice that, in the event of her Majesty's Government proposing to re-enact the property and income tax, he should move resolutions with a view of removing the inequalities and anomalies of the tax, especially in regard to its incidence on intelligence and skill.

This announcement was received with cheers.

Medical News.

APOTHECARIES' HALL.—The following gentleman passed his examination in the science and practice of medicine, and received a certificate to practise, on the 3rd inst.:—

Milburne, Thomas Dodd, Dent's Hall, Newcastle-on-Tyne.

The following gentlemen passed their examination on the 6th inst.:—

Davies, William, Roodvale, Carmarthenshire.
Dustan, John, Jersey.
Ellis, Daniel (jun.), Chorley, Lancashire.
Gale, Henry Stanley, Hampstead.
Howell, Thomas, Bristol.
Long, Charles F., Barham, Kent.
Milnrose, John Rodale, St. Bartholomew's Hospital.
Summers, Llewellyn J., Ramsey, Isle of Man.
Todd, Joseph, Selby, Yorkshire.

The following gentleman also on the same day passed his first examination:—

Morgan, William John, Charing-cross Hospital.

LUNATIC PRISONERS. — A lunatic prisoner committed suicide in the House of Correction this week. It appeared, on the evidence adduced at the inquest, that though the case of such unfortunate men was regarded as "special," no particular surveillance was exercised in this case. The jury returned a verdict consistent with the evidence adduced, accompanied by a recommendation that "special" cases should be more stringently watched.

MEDICAL SOCIETY OF LONDON.—The anniversary meeting of the Society took place at the Albion Tavern on Saturday last. The oration was delivered by Mr. De Méric, and was an elaborate and elegant *résumé* of the proceedings of the Society for the last twelve months. The Fellows afterwards dined together; the President, Mr. Coulson, in the chair.

THE UNIVERSITY OF CAMBRIDGE AND THE DEGREE OF MASTER IN SURGERY.—The Senate of the University have passed the Regulations for this degree which were presented by the Board of Medical Studies, with the exception of that relating to the keeping an act; this is not to be required. In the first part of his course the student is to follow the same plan as that laid down for those who purpose to obtain the degree of Bachelor of Medicine. He must pass the previous examination in Classics and Mathematics, study Medicine (including Surgery) for four years, four terms of this time being spent in the University. Those who do not graduate with honours in Arts are required to study Medicine six terms in the University, and five years altogether. There are two medical examinations: the first, the same as for M.B., is to be passed after three years of medical study; and the second, in Anatomy and Surgery, after the time of medical study has been completed. The whole period necessary to obtain the degree, from first entrance at the University, is five years; and the degree of Bachelor of Medicine may be obtained in the same time.

THE SCOTTISH UNIVERSITIES.—A committee of the Lords of her Majesty's most honourable Privy Council held a meeting on Wednesday in the Council Chamber, for the consideration of a petition, in the matter of the ordinance of the Scottish Universities Commissioners, with reference to St. Andrews University, from William Foster White, the treasurer, and one of the governors of St. Bartholomew's Hospital, London; the president and governors of the hospital founded at the sole costs and charges of Thomas Guy, Esq.; Richard Baggallay, the treasurer of the Royal Hospital of St. Thomas, in Southwark, founded by King Edward VI. in the year 1553, for and on behalf of the governors of the same hospital; the president, vice-president, treasurer, and governors of the Middlesex Hospital. The lords present were—the Lord President, the Lord Chancellor, the Marquis of Salisbury, the Right Hon. Spencer Walpole, and the Right Hon. Robert Lowe. Mr. A. Helps, the clerk of the Privy Council, was present. The Attorney-General, the Solicitor-General, and the Lord Advocate of Scotland, were in attendance upon their lordships. Sir Hugh Cairns was heard in support of the petitioners. The question at issue in this case is with respect to the expediency and justice of an ordinance issued by the Scottish Universities Commissioners, whereby facilities for obtaining medical degrees at the University of St. Andrews are given to the medical students of University and King's Colleges, in London, to the prejudice of the medical students at the other London hospitals. The petitioners submitted that her Majesty should withhold her approbation from the ordinance, because it is calculated to raise a new and artificial and unsound distinction between the existing medical schools of London, and unduly to elevate the schools attached to University College and King's College at the expense of other schools of equal merit, of greater fame, of older standing, and of more stable foundation.

A NEW PROCESS OF EMBALMING AND PRESERVING THE HUMAN BODY.—At No. 191, Piccadilly, is to be seen a singular specimen of preserved humanity, or, so to speak, an entirely new kind of "mummy;" not that the term "mummy," in its usual acceptation, (which simply indicates the discoloured, almost featureless, and completely enveloped remains of the body so preserved,) conveys the idea of the subject which has undergone the process of embalming to which we now refer.

The Egyptian method of preserving their dead was by the removal of the viscera and the brain, macerating the body in a strong solution of "natron," drying the subject in a heated oven, filling the cavities with spices and bitumen, and completely enveloping the body in a series of bandages soaked in myrrh, aloes, and tincture of benzoin. Thus it will be seen one of the requisites of Egyptian embalming was the maceration of the subject; and here the Russian method has a remarkable advantage, as by this modern process a body can be rendered impervious to decay in a few hours without the removal of any, even the most fractional part, internal or external, and the actual appearance of life is thus perpetuated in the dead.

The subject of this remarkable result of modern science was known as being amongst the wondrous freaks of nature, and was on exhibition some four years since, under the name of "Julia Pastrana." The great peculiarities of this female were, that a form of perfect symmetry was surmounted by a head the fac-simile of that of the gorilla; the face was covered with hair, which, as well as that of the head, was glossy and soft, and perfectly coal black. Despite her unnaturally repulsive appearance, this singular being was intelligent, kind, charitable, and accomplished. In the course of time she married, and five days after the birth of her first child, that and the mother ceased to exist. Her death took place at Moscow, and there it was her body was submitted to the process that gives her to our view exactly as she appeared in life. The bust, limbs, arms, hands, and feet are as symmetrical as when she was living; the skin is the same; the expression the same. The figure is attired in a dress of her own making; and it stands before us without the slightest odour, the slightest change, or the slightest appearance of corruption. The child is preserved with equal success in the same manner.

The exhibition is an extraordinary one, and all interested in the methods of preserving the dead will do well to examine the result of this curious and completely successful system, which requires, however, to be made public. We are promised the particulars of the process.

SUICIDE OF A SURGEON.—An inquest was held last week in Sunderland on the body of Dr. Henry Hodgson Ogle Hay, who was found dead in his surgery. The evidence went to show that the deceased had of late been much troubled in his mind, and that whilst in this state he took a large dose of prussic acid, from the effects of which he died. The jury returned a verdict that the deceased had taken away his life while in a state of temporary mental derangement. Dr. Hay was a native of Newcastle, but had resided the last fifteen years in Sunderland. He had a good practice, and was very much esteemed by his professional brethren. He was only forty-three years of age, and has left a widow (to whom he was married about four years ago) and four children by a former wife.

EXTRAORDINARY LONGEVITY.—The obituary of the *Times* has lately contained some marvellous instances of old age. For instance, in our contemporary of the 20th ult. are recorded the deaths of five ladies and two gentlemen whose united ages amount to 629 years, giving an average of 89 years and 6 months for each; the youngest (a lady) being 82, and the eldest (also a lady) having reached the extraordinary age of 103 years. Again, in the above paper of the 25th ult. appears the death of another lady aged 103 years, leaving three sons aged 79, 77, and 75 years, twenty-four grandchildren, fifty one great grandchildren, and two great-great-grandchildren. In its issue of the 3rd inst. the same journal gives the deaths of four ladies and four gentlemen whose united ages amount to 686 years, giving an average of 85 years and 6 months for each person, the eldest being a woman aged 96, and the youngest a man 81 years of age.

NEW ARSENICAL PREPARATIONS.—M. Gastinel, professor at the School of Medicine of Cairo, has just proposed two arsenical salts, which are said to possess some antiperiodic properties. One is the arseniate of coffeine, and the other is composed of tannin and arsenious acid, forming the tannoarsenic acid. Dr. Schnepp, the physician accredited in Egypt by the French Government, has tried these salts in several cases of intermittents, and has found them very useful. The Egyptian Institute has favourably noticed these preparations, the value of which further experiments will probably show.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, MARCH 8TH.—The London returns for last week show a high rate of mortality. In the last week of February the deaths were 1322; in the week that ended last Saturday they rose to 1505. Last week was preceded by seven days of low temperature. The air continued very cold till Thursday the 6th, when it became remarkably warm. There was a sudden increase in the deaths from typhus: there were 61 in the previous week; they rose last week to 123, or double the number. On the other hand, scarlatina declined from 61 to 41; but there were 17 deaths from diphtheria. Bronchitis increased only from 151 to 166, the corrected average being 175; phthisis from 148 to 184, the corrected average being 172.

MEDICAL VACANCIES.

A VACANCY has occurred for a Medical Officer in Ordinary to the St. Marylebone Provident Dispensary.

The election of a Physician to the North Staffordshire Infirmary will take place on the 10th of April next.

In consequence of Mr. Jackson's resignation, there is a vacancy for a House-Surgeon to the South Staffordshire General Hospital.

There is a vacancy for an Honorary Physician to the Hull General Infirmary, vice Dr. Sandwith, resigned.

An Assistant House-Surgeon and Apothecary is required for the Stockport Infirmary.

There is a vacancy for a Medical Officer for the Northern District of the united Parishes of Whittlesey, Cambridgeshire.

A vacancy has arisen for a Parochial Medical Officer for Dalmellington, Ayrshire, and Carsphairn, Kirkcudbrightshire, by the death of Mr. James Ritchie.

There is a vacancy for a Surgeon for the Eastern District of the Provident and Self-supporting Dispensary, Brighton.

The office of House-Surgeon for the Bolton Infirmary and Dispensary is now vacant.

There is a vacancy for a House-Surgeon to the Northampton General Lunatic Asylum.

A Resident Medical Officer is required for the Public Dispensary, Carey-street, Lincoln's-inn-fields.

There is a vacancy for a Physician to the Liverpool Northern Hospital.

A vacancy has occurred for a District Medical Officer for the Charleton District of the Kingsbridge Union, Devonshire.

MEDICAL APPOINTMENTS.

DR. JOHN C. THOROWGOOD has been appointed Physician to the Royal General Dispensary, Bartholomew-close, in place of Dr. Galton, resigned.

Mr. Hasler Harris (formerly pupil of Mr. Robinson) has been appointed Dental Surgeon to the Royal Free Hospital, in the room of Mr. James Robinson, deceased.

Dr. Richard Corbett has been elected Vice-President of the County and City of Cork Medical Protective Association, in the room of Dr. Meade, deceased; and Dr. John D. O'Flynn has been elected Treasurer, in the room of Dr. Corbett.

Mr. Alex. Balmanno Squire has been appointed Accoucheur to the Marylebone Dispensary, Welbeck-street, in the room of Dr. Henry Davies, deceased.

Mr. Allingham has been elected Surgeon to the Farringdon General Dispensary.

Dr. John Thornton, Surgeon to the Stirlingshire Militia, has been appointed Medical Superintendent and Apothecary to the Royal Infirmary, Glasgow.

Mr. James C. Fitzpatrick has received the appointment of Medical Officer to the Kilmacavogue Dispensary District, in the Waterford Union.

Mr. R. Head has been elected Medical Officer for No. 1 District and the Workhouse of the East Grinstead Union, Sussex.

Mr. Edward Callaway has been elected Medical Officer to the Canterbury Incorporation.

Mr. Charles Henry Hiern has been elected Consulting Surgeon to the North Devon Dispensary, Barnstaple.

Mr. Wm. Moseley Richards has been re-elected Medical Officer for District No. 1 of the Birmingham Union; Mr. Wm. Hoare, for District No. 2; Dr. Alfred Hill, for District No. 3; Mr. Geo. Hawkesford, for District No. 5; and Mr. John Darwen, for District No. 6; and Mr. Edward White has been elected for District No. 4.

Mr. Wm. Moore Cann has been elected Medical Officer for the Dawlish District of the Newton-Abbot Union, Devonshire.

Mr. Joseph Hainsworth has been appointed Assistant Resident Medical Officer to the Public Dispensary, Leeds.

Mr. John E. Davey has been appointed House-Surgeon to the Infirmary and Dispensary, Bolton-le-Moors, Lancashire.

Dr. Thomas Ritchie has been re-appointed Medical Officer for District No. 3 of the Wharfedale Union, Yorkshire.

Births, Marriages, and Deaths.

BIRTHS.

On the 3rd inst., at Belfast, the wife of Daniel Murray, M.D., of a son.

On the 3rd inst., at Snaresbrook, the wife of Thomas James Vallance, M.D., of a son.

On the 11th inst., at John-street, Bedford-row, the wife of John B. Barsham, Esq., M.R.C.S., of a son.

On the 11th inst., at Lowestoft, the wife of James Ray, Esq., M.R.C.S., of a son.

MARRIAGES.

On the 30th of Jan., in the British Chapel at St. Petersburg, Nicholas, son of Sir A. W. Crichton, Physician in Ordinary to H.M. the Emperor, to Heloisa Joanna Augusta, daughter of Lieut.-Gen. Count Gustavus Nieroth.

On the 8th ult., at Monkstown Church, Co. Cork, Frank H. Macfadin, Esq., Assistant-Surgeon H.M.'s 11th Regiment, to Albina, only daughter of the late Thomas Conry, Esq., of Lower Dominick-street, Dublin, and Mount Jessop, Co. Longford.

On the 18th ult., at Belfast, Richard Lewis, Esq., of Cumry, near Belfast, to Ellen, fourth daughter of L. Stuart, Esq., of Douglas, Isle of Man, late Surgeon H.M.'s 38th Regiment.

On the 27th ult., at Vevay, Lake of Geneva, Switzerland, James Hester, Esq., M.R.C.S., second son of James T. Hester, Esq., F.R.C.S., of Oxford, to Caroline, eldest daughter of M. C. Churchill, Esq., of Vevay.

On the 1st inst., at Acton, Lincolnshire, Wm. O'Kelly, Esq., M.R.C.S., of Dominick-street, Dublin, to Emily Anne, widow of John Bolton, Esq., of Barbadoes.

DEATHS.

On the 26th ult., at Lurgan, Wm. Ross M'Laughlin, M.D.

On the 3rd inst., at Edgeworthstown, Co. Longford, Ireland, Parke Dobson Esq., M.R.C.S.

On the 8th inst., at Hill-street, Berkeley-square, Mary, the wife of Charles Blakeley Brown, M.D.

On the 8th inst., Catherine Gertrude, aged 14 months; and on the 13th inst., Justine Georgina, aged 2 years and 9 months, the children of John Sleeman, L.R.C.P., of Southwark-bridge-road.

At New Hillingdon, Harriet Jane Cane, widow of W. H. Cane, M.D., of Uxbridge.

Medical Diary of the Week.

MONDAY, MARCH 17 ...

ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M.
ROYAL COLLEGE OF PHYSICIANS OF LONDON.—8½ P.M. Dr. Lionel S. Beale, "On the Anatomy of the Liver, with Observations on Certain Changes occurring in Disease."
MEDICAL SOCIETY OF LONDON.—8½ P.M. Mr. Gay, "On Intestinal Obstruction by Invagination."

TUESDAY, MARCH 18 ...

GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. John Marshall, "On the Physiology of the Senses."
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Professor Hilton, "On the Influence of Mechanical and Physiological Rest in the Treatment of Surgical Diseases and Accidents."
ETHNOLOGICAL SOCIETY. — 8 P.M. Mr. William Bollaert, "On the Ancient Indian Tombs of Chiriqui in Veragua on the Isthmus of Darien." —Mr. C. Carter Blake, "Note on the Stone Celts from Chiriqui."
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.

WEDNESDAY, MARCH 19

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL. — Operations 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.
ROYAL COLLEGE OF PHYSICIANS.—4 P.M. Croonian Lectures: Dr. Lee, "On the Nervous Structures of the Thoracic, Abdominal, and Pelvic Viscera."
GEOLOGICAL SOCIETY OF LONDON.—8 P.M.

THURSDAY, MARCH 20

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M.
LONDON HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M.
LONDON SURGICAL HOME.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Heat."
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Professor Hilton, "On the Influence of Mechanical and Physiological Rest in the Treatment of Surgical Diseases and Accidents."
CHEMICAL SOCIETY.—8 P.M. Mr. A. H. Church, "On the Isolation of Phenyl."
HARVEIAN SOCIETY. — 8 P.M. Dr. Lewisus, "On Two Cases of Incipient Moral Insanity."

FRIDAY, MARCH 21 ...

WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.
ROYAL COLLEGE OF PHYSICIANS.—4 P.M. Croonian Lectures: Dr. Lee, "On the Nervous Structures of the Thoracic, Abdominal, and Pelvic Viscera."
ROYAL INSTITUTION.—3 P.M. Mr. F. A. Abel, "On some of the Causes, Effects, and Military Applications of Explosions."
WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.—8 P.M. Dr. Marcet, "An Account of a Case illustrating the Chronic and Acute Form of Alcoholization, with Remarks on the Treatment of the Chronic Form."

SATURDAY, MARCH 22

ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. H. F. Chorley, "On National Music."
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Professor Hilton, "On the Influence of Mechanical and Physiological Rest in the Treatment of Surgical Diseases and Accidents."
CHRISTIAN MEDICAL ASSOCIATION.—8 P.M. Meeting at Freemasons' Hall.

To Correspondents.

THE "STATISTICS" OF ST. THOMAS'S HOSPITAL.

WE have not space this week to print the circular issued to the governors, and the appended statistics proposing to give the habitats whence the patients are admitted to St. Thomas's Hospital. We believe the statistics are open to question. In fact, figures, like the French general's rats, may be cooked in an infinity of ways. Assuming these particular statistics, however, to be correct, they make a very strong case for maintaining the hospital in a *central* metropolitan position. It shows that sick people can easily be brought from the circumference to the centre; but by no means shows what was desired, the practicability of carrying patients in a centrifugal direction.

Mr. Charles Hunter's "Observations on the Turkish Bath" shall be inserted.

THE TURKISH BATH.

M.D. (Bristol), *G. C. B., A Surgeon, &c.*—The reported deaths at Bristol and elsewhere in the Turkish baths have been previously mentioned, but some of them have not been properly authenticated. Such accidents have occurred in the heated chambers of the bath; but we can only publish facts when reported in an authentic manner as the result of personal observation. Surgeons who are cognizant of instances in which the ill-effects of the bath have been manifested should record their cases with judicial impartiality.

Enquirer.—Yes, M. Gronx has published an account of the various opinions held about his malformation, and what it teaches us. We cannot say where his pamphlet is to be procured. MM. Chauveau and Maury have applied a self-registering instrument to record the movements of the heart, and they maintain that the systole of the auricle begins and ends before that of the ventricle, and that the systole of the ventricle and the shock of the heart begin and terminate simultaneously. Hence they conclude that the "beating of the heart" is not the result of the auricular systole, but of the systole of the ventricle. See the "Comptes Rendus" for Jan. 6th, 1862.

Puff is evidently an ill-natured fellow.

A Constant Reader.—1. The case has never yet been decided; but we think in an action for such attendance he would be nonsuited.—2. The case would not be altered by such an arrangement.—3. Yes, subject to the provisions of the Act.—4. We think they do.—5. We believe that no obstacles are placed in the way of qualified men from practising in the locality mentioned. If permission from the authorities is required for so doing, it can be easily obtained.

RESPIRATORS.

To the Editor of THE LANCET.

SIR,—I dare say a great many of your readers would be glad to know how they may dispense with those most unsightly and uncomfortable articles, "respirators." I have made a vast number of experiments, and I have come to the conviction that the advantage derived from them is chiefly, if not wholly, by keeping the *chin warm*. Put your warm hand to your chin on a cold day, and a warming effect is instantaneously produced, diffusing a glow throughout the whole system. The plan I adopt is this: Cover the chin with a warm silk handkerchief, and on first entering the open air press the tongue against the roof of the mouth, breathing through the mouth; the air passing round the sides of the tongue becomes sufficiently warmed to prevent any irritation or cough, even in the most excitable cases, and in a cold N.E. wind. This lingual valve can be regulated at pleasure as the patient is going with or facing the wind. I may add that not one "respirator" in a thousand, though decorated with brass gauze, &c., will allow one particle of air to pass through it. They are mere pads, behind which the expired air passes down to warm the chin. I have not a single patient (even of my worst cases) who has worn a "respirator" during the late E. and N.E. winds.

I am, Sir, yours faithfully,
Hastings, March, 1862. C. B. GARRETT, M.D.

An Indignant Correspondent from the Midland Counties must pardon us for saying that our opinion is not in the least changed by what he writes. The sale of diseased meat is a crying evil, as is also that of inferior milk. If our agricultural friend refer to the February number of the *Edinburgh Veterinary Review*, he will see there a paper by Mr. Gamgee, which will show him the true and deplorable facts of the case.

Mr. Samuel A. Parker.—The paper shall be published next week.

R. G. (N.B.) will find a description of the manufacture of cod-liver oil in Newfoundland, by one who closely inspected it, in a work recently published, entitled "After Icebergs with a Painter."

A General Practitioner.—He must be elected annually.

Mora solicits information as to what has been done with reference to the Day testimonial.

Ophthalmologist.—1. MM. Hervlist and Van Roy have employed the ophthalmoscope in their inquiries into the periodic ophthalmia of the horse.—2. Professor De la Fond, Director of the Imperial Veterinary College at Alfort, died on the 15th December, 1861, from an attack of erysipelas, in the 66th year of his age.

M. M.—There are many surgeons in Manchester, any one of whom may be consulted.

CAPILLARY TUBES FOR VACCINE LYMPH.

To the Editor of THE LANCET.

SIR,—Will you kindly, through the medium of your journal, inform me of the proper way to charge capillary tubes with liquid vaccine lymph. I have never seen one charged, or used them.—Yours respectfully,
Egerton, March, 1862. JOHN ROBINSON, M.R.C.S.

*** The extremity of the tube is inserted into the vaccine pustule, when the lymph will rise in it by capillary action. It is then necessary to seal the end by holding it in the flame of a candle for a few seconds.—SUB-ED. L.

Typo.—The proposition has been already entertained; but the objections urged against the removal of St. Thomas's Hospital into the country apply nearly with equal force to the removal of Bethlehem to a rural district.

IF *Deep Anxiety* will forward his name and address, he shall receive the information he requires.

F. F.—He will be entitled to hold the appointment.

J. J. B. will perceive that the subject to which his letter refers is noticed in the present number of THE LANCET.

Naturalist.—We believe the "aye-aye" is a kind of sloth. It is a native of Madagascar. Professor Owen has recently given an account of one which was sent over by Dr. Sandwith.

L. F. (Midland Counties) is wrong, we think. Oysters are not met with in the Baltic. The Russian naturalists say, because of the small per-centage of salt contained in its waters.

Dr. Waggett.—The announcement appeared in our last number.

One who has Three Strings to his Bow.—There is much truth in the observations of our correspondent. The progress of events points to the one-faculty system. The Medical Act, as at present constituted, is all but a useless statute. The magistrates at West Bromwich, we believe, have not interpreted the Act in its literal sense. The 40th clause is a penal one, and by lawyers will be interpreted *literally*, and without regard to what might have been the intentions of its framers. The difficulty attending the question of titles was so great, that the column relating to them was omitted in the Act as it passed through committee. It is therefore to be inferred that a superior court may take an opposite view to that entertained by the magistrates.

Mr. A. Hockley is thanked for his polite communication; but the notice in another part of the journal renders the publication of the address unnecessary.

ARSENICAL MUCILAGE IN THE TREATMENT OF CANCER.

To the Editor of THE LANCET.

SIR,—I will forward for publication in THE LANCET the form of the arsenical mucilage, the cases to which it is applicable, and the constitutional treatment I have adopted, with an additional number of cases so treated.

I am, Sir, yours truly,
Lincoln's-inn-fields, March, 1862. WILLIAM MARSDEN, M.D.

T. J. W.—The letter was mislaid, or an answer would have been given before. The articles are declined.

Cantab.—The work named is a good one. We know of no periodical on the subject mentioned.

Theta should forward a written application to the Secretary of the Admiralty, and he will then receive a printed form to be filled up.

A Student, (Rippingale.)—He will be required to pass an examination in Arts.

Dr. John Rose's "Medical Notes on China" have been received, and shall be published.

PROVIDENT DISPENSARIES.

To the Editor of THE LANCET.

SIR,—I should feel much obliged if you would kindly allow me, through the medium of your journal, to respectfully request any one connected with a Provident or Self-supporting Dispensary, to send me a copy of their rules, for which I should feel much indebted.

I am, Sir, your obedient servant,
25, Foregate-street, Worcester, March, 1862. W. WOODWARD, M.D.

Obscurus.—As Sir Lucius O'Trigger says, "the quarrel is a very pretty one as it stands," and we have no desire to interfere with the combatants. After all, the proceedings might not inaptly be styled "much ado about nothing."

Mr. J. Barlow.—"Physician and surgeon."

IF *Interrogator* will send his name and address, the information shall be given.

We regret that we are compelled to delay until next week an article on "Indian Hill Stations," in reference to a recent proceeding of Sir William Denison, Governor of Madras. The subject shall be fully noticed in our next impression.

RASPBERRY-LEAVES IN MIDWIFERY.

To the Editor of THE LANCET.

SIR,—Will you or some of your readers kindly enlighten me on the effects of an infusion of raspberry leaves, which I am told is much used in the provinces to hasten labour and cure amenorrhœa? Also the strength of the preparation?

Yours, &c.,
March, 1862. AN ENQUIRER AND CONSTANT READER.

Mr. W. Gould.—1. It has not yet been decided; but we are of opinion that he can.—2. Yes. What else is he?

A. W. D. should apply to a practitioner in the art.

One of the Old School.—1. There are several such works; their names shall be given privately.—2. No.

T. R.—Any respectable surgeon can treat the case.

A REPORT of Dr. Lionel Beale's Lectures at the College of Physicians, with other articles of interest, are in type, but unavoidably postponed.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Mackenzie; Mr. Henry Thompson; Dr. W. Wadham; Mr. Walker, Glasgow; Dr. John Rose, Kidderminster; Dr. Waggett; Mr. Parker, Birmingham; Mr. Charles Hunter; Dr. Thorowgood; Mr. Coleman; Mr. Ellis; Mr. Hester; Mr. T. Baker, Truro; Dr. Tylecote; Mr. D. Mackinder, Gainsborough, (with enclosure;) Mr. Jennings, Coleford, (with enclosure;) Mr. Horsell; Mr. Harper, Manchester, (with enclosure;) Mr. G. Brown, Newton Mearns, (with enclosure;) Mr. Bird, Stockport; Dr. Shearer, Liverpool; Mr. Peed, Whittlesey; Mr. C. Barlow, (with enclosure;) Mr. Pollard, Rastrick, (with enclosure;) Mr. C. Pernsley, Grantham; Mr. W. Harvey, (with enclosure;) Mr. D. Kelly, Manchester; Dr. G. H. Williams; Dr. W. Woodward, Worcester; Mr. J. Dickinson, Middlesbro', (with enclosure;) Mr. H. Jones, Egremont; Mr. E. J. Evans, Hull; Mr. E. M. Kidd, Nottingham, (with enclosure;) Mr. J. Hughes, Ledbury, (with enclosure;) Mr. G. E. Horton, Dudley; Dr. Corry, Belfast; Mr. A. E. Dixey, Baldock; Mr. T. Wade, Mirfield, (with enclosure;) Mr. W. Goodman, Uxbridge; Mr. F. S. Garlick, Halifax, (with enclosure;) Mr. J. Goods, (with enclosure;) Mr. J. Ray, Lowestoft; Mr. J. F. West, Birmingham; Mr. Murphy, Bolton, (with enclosure;) Mr. Roe, Ellesmere, (with enclosure;) Mr. Varenne, Kelsleven, (with enclosure;) Dr. Garrett, Hastings; Mr. J. Hickman, (with enclosure;) Dr. W. J. Moore; Typo; Theta; Royal Institution; One who has Three Strings to his Bow; J. J. B.; A Constant Reader; A Student, Rippingale; A Country Surgeon; L.R.C.P.; A Reader; F. P.; E. T.; Cantab.; Mora; M.R.C.S.; W. S. M.; M. A. F.; W. T., (with enclosure;) H. S. S.; A Registered M.R.C.S.; Interrogator; M. M.; A Griffinite; Ethnological Society; &c. &c.